

Brightside Sober Living

MEMBERSHIP APPLICATION

Email: BrightsideSL@yahoo.com

Fax: (512) 597-8819

APPLICATION PROCESS:

1. COMPLETE APPLICATION AND SUBMIT FORM
2. COMPLETE INTERVIEW WITH HOUSE MANAGER
3. IF ACCEPTED, ARRANGE TIME AND DATE OF ARRIVAL

Please note: An acceptance letter will be issued only after the completion of the above process.

NAME: _____ DATE OF BIRTH: _____

DRIVERS LICENCE: _____ STATE: _____

PHONE #: _____ EMAIL: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

ADDRESS: _____

CONTACT PHONE #: _____

MEDICAL INFORMATION

How long have you been sober? _____ Drug(s) of Choice: _____

Which 12 step meetings do you attend? (AA, NA, CA, etc): _____

Sponsor Name and Phone #: _____

List medical conditions: _____

List prescription medications: _____

RESIDENT INFORMATION (Please circle Y or N for the following questions)

Have you ever lived in a Sober Living home? **Y / N**

If yes, which one? _____

Are you involved in any legal action? **Y / N**

If "Yes" please explain: _____

Are you required to register as a sex offender? **Y / N**

Have you ever been convicted of arson? **Y / N** A felony? **Y / N** How many? _____

Source of income: _____ Salary (Weekly/Monthly): _____

Member Dues and \$200.00 move-in deposit must be paid on or before the day of arrival.

Requested Move-in Date: _____

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IMPORTANT NOTICE: Brightside Sober Living is a recovery home which requires expulsion, without prior notice or refund of deposit and fees, of any resident member who is found to be: 1) using alcohol or drugs; 2) engaging in disruptive behavior; or 3) in default of payment of weekly membership fee. All resident tenants of Brightside Sober Living are members of our recovery home. **You do NOT have renter's rights or any rights of tenants pursuant to the Texas Property Code, and expressly waive any such rights in exchange for membership privileges.**

I have read the above notice and understand that I am applying for membership of Brightside Sober Living as a member of a recovery home. I agree to abide by the responsibilities and requirements of the house and fully subject myself to the rules of the home, which include periodic/random drug testing. I understand that I am subject to immediate expulsion from the home if any of the following occur: 1) I use alcohol or drugs (other than prescribed medications); 2) I engage in disruptive behavior (continued patterns of irresponsible behavior are considered disruptive behavior); 3) I fail to pay my weekly membership fee. I understand that if I leave voluntarily and at least 30 days written notice is given to the house manager, my deposit will be refunded after deductions are made for any unpaid fees, damages or fines for which I am responsible. If less than 30 days notice is given or I am expelled from Brightside Sober Living, I understand that my deposit and member fees will be forfeited.

By signing below, I certify that the information contained in this application is true. I have read and understand the Brightside Sober Living house rules and policies. I understand and accept the above conditions set forth for membership to Brightside Sober Living, and agree to abide by said conditions should I be selected as a member resident.

SIGNATURE of APPLICANT: _____ DATE: _____

TO BE COMPLETED AT TIME OF INTERVIEW

The membership application was reviewed with the applicant and he/she acknowledged the IMPORTANT NOTICE and requirements for membership in Brightside Sober Living set forth above. The applicant has reviewed the Brightside Sober Living house rules.

SIGNATURE of HOUSE MANAGER: _____ DATE: _____

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(To be completed upon arrival as a member resident)

I have received a copy of the house rules and policies. I understand that failure to follow the rules and/or responsibilities may result in monetary fines and/or expulsion from Brightside Sober Living. In the event of expulsion, I understand that any fees/deposits paid to the house will be forfeited.

NAME of RESIDENT MEMBER: _____

(Please Print)

SIGNATURE: _____ **DATE:** _____

SIGNATURE of HOUSE MGR: _____ **DATE:** _____