

# The Sober Living Network

P.O. Box 5235, Santa Monica, CA 90409 (310) 396-5270 Fax (310) 584-4540

E-mail: [fieldoffice@lacscl.org](mailto:fieldoffice@lacscl.org) Web Site: [www.soberhousing.net](http://www.soberhousing.net)

## Safe & Healthy Homes – Application for Assistance

Please fill out and mail, fax or scan and email the completed application to the Network Office. If you have any questions about eligibility, covered items or about the process in general, please call the Network.

A Network representative will call you to review the details of your application once we receive it.

SL Home Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Email \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Secondary contact (optional): \_\_\_\_\_ Email \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### OPERATOR TYPE:

- Nonprofit corporation: (Name) \_\_\_\_\_
- Partnership or corporation: (Name) \_\_\_\_\_
- Sole proprietorship: (Name of owner) \_\_\_\_\_
- Affiliated with Alcohol & Drug Program? If yes, Name of Program: \_\_\_\_\_

OCCUPANT CAPACITY: \_\_\_ women \_\_\_ children Southern California Coalition Member?:  yes  no

RESIDENT FEE: Basic Monthly \$ \_\_\_\_\_ Date Home Started: \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe the need (use additional sheets or the back of the application if necessary):

Estimated cost:

I hereby verify the above information is complete and correct.

\_\_\_\_\_  
(Signature) Sober Living Home Operator

\_\_\_\_\_  
Date

-----For Network Use Only -----

### Application checklist

- Current home status
- Applicant interview

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Application and supporting materials complete?:  Yes  No Date sent for Committee review: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Approved
- Approved w/ modifications
- pending
- declined