

Guest Application

**** Provide as much information as possible. Incomplete applications will not be considered.**

Personal Information

Full Name:

Date of Birth:

Gender:

Phone Number:

Email:

Driver's License Number:

State:

Do You Have a Vehicle?

Yes

No

If Yes, fill-in below:

License Plate Number:

State:

Make:

Model:

Year:

Color:

**** Please attach a copy of your Driving license**

Financials

Employer's Individual/Company Name:

Address:

Your Position/Title:

Salary/Wage: \$

****Submit your last 2 paystubs**

Other Source of Income? - Yes No

If Yes, Describe:

Monthly Amount: \$

Can you afford the monthly fee for sober living at Empowered Pathways? (Please specify):

References

1. Contact Name:

Relationship:

Address:

Phone Number:

2. Contact Name:

Relationship:

Address:

Phone Number:

Additional Information

How did you hear about Empowered Pathways Sober Living?

Have you ever been to a treatment program or sober living home before? (If yes, please provide details):

Why do you think Empowered Pathways is the right fit for your recovery journey?

What is your motivation for choosing sober living at Empowered Pathways?

Is there anything else you would like us to know about you?

Agreement

I, _____, hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may result in my application being rejected or my dismissal from Empowered Pathways. I agree to abide by the rules and policies of Empowered Pathways and commit to maintaining a drug-free and supportive environment.

Applicant's Signature: _____

Date: _____