

Havilah House
113 S. Adams St.
West Chester, PA 19382



CONTACT:
JusticeRain Office
426 W. Gay St.
West Chester, PA 19382
610-429-8197
justiceraininc.com/sober-living-home
admin@justiceraininc.com

APPLICATION FOR HOUSING

Applications can be mailed or emailed to the above contact. Once you have been accepted into the program and would like to reserve a bed, please submit your first two week's rent of \$400. If you prefer to pay monthly, the fee is \$860 per month. The administrative fee upon acceptance to Havilah House is \$150. Payments can be made in person at our office between 8:00am and 12:00pm (M-TH) or online. Email admin@justiceraininc.com about receiving an online invoice to submit payment. **Checks and money orders should be made payable to JusticeRain, INC.** Cash not accepted. All payments are non-refundable.

Today's Date: _____

Name: _____ Gender: M or F
PLEASE PRINT CLEARLY

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Date of Birth: _____ Age: _____

Phone: _____ House Door Code: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Drug/Alcohol & Treatment History

Substances Abused:

Heroin Crack Oxycontin Alcohol Marijuana

Percocet Pills Meth Cocaine Ketamine

Ecstasy Not Sure Other _____

Length of Use: _____ Sobriety Date: _____

Previous Treatment Centers:

Previous Sober Living:

Length of Stay: _____

Length of Stay: _____

Length of Stay: _____

Length of Stay: _____

Potential Length of Stay at Havilah House: _____

Legal Information

Will you be on probation or parole while in housing? Yes No

Do you have any charges pending? Yes No

Are you a registered sex offender? Yes No

List charges. Explain in detail any violent charges:

Name of Case Manager, if applicable: _____

Probation/Parole Officer Name, if known: _____

Name of Pennsylvania County you will be reporting to: _____

Medical Information

Do you have medical insurance? Yes No

Insurance Provider: _____

Prescription Medications:

Doctor's Name: _____ Phone: _____

Previous Suicide Attempt? Yes No

Allergies/ Conditions: _____

Employment Information

Currently Employed? Yes No Able to Work? Yes No

Employers Name: _____ Supervisor's Name: _____

Shift Start Time: _____ Shift End Time: _____

Application Completion and Authorization

I have completed this application to the best of my ability and answered all questions honestly. I have read all materials provided to me and understand that by signing below, I am agreeing to follow all Havilah House rules and policies. A copy of the House Rules has been provided to me as part of this application. When I am accepted to Havilah House, and take residency, I agree to hold harmless JusticeRain, INC, Havilah House Sober Living, T Saletta Properties, corporate officers, property owners, independent service contractors, and all service providers from all claims, actions and liabilities.

I authorize Havilah House/JusticeRain, INC to exchange information as needed with any and all government or private parties and/or their representatives as it relates to the application process and housing status while living at Havilah House.

I understand and agree that all payments to Havilah House/JusticeRain, INC are non-refundable.

I have read both statements above, understand its contents, and voluntarily agree to its terms.

Print Name: _____

Signature: _____ Date: _____

Thank you for choosing Havilah House as your housing provider. If you have any questions, feel free to contact us at 610-429-8197 or write us at admin@justiceraininc.com. A response letter will be sent within 48 hours of receipt and will provide instructions for "Move in Day." We look forward to meeting you soon.

Upon completing this application, please scan and email to admin@justiceraininc.com or fax to 610-344-7308.