

# Apartment Program Application

Thank you for applying to the Damascus Way Apartments program! Please be sure to fill this Application out completely. Carefully read and sign the Resident Housing Covenant, and attach a letter sharing life experiences that have shaped who you are. When completed, send either by email to nick.abbott@Damascusway.com or by mail to 1449 4th Avenue SE Rochester, MN, 55904. After we have received your Application, Covenant, & Letter, we will review your Application, send a letter verifying we have received the documents, and contact your caseworker/counselor to plan out the next steps in the process, which may include an interview.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Last) (Middle)

**Date of Birth:** \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_ **Today’s Date:** \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_

**Facility Name (Current Location) & Phone #:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Racial Identity:**   Black  Native American  Hispanic  White  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever applied to or participated in the Damascus Way program?**  Yes  No

**If yes, when and which location?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any addictions?**  Drug  Alcohol  Other (Gambling, Pornography, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If yes, what is your drug of choice?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever had a mental health evaluation?**   Yes  No **If yes, when?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you being treated for any medical/mental health condition?** If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Are you taking any prescription medications?**  If so, please list them: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**List date and nature of all convictions:** (Please use separate sheet if needed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Recent County of Conviction:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Release date:** \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_ **Caseworker/Counselor/other worker:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Probation/Parole Officer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What classes have you completed while in prison or treatment?** Please attach any certificate copies

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach any written recommendations** (Caseworker/Counselor, job supervisor, Pastor/Chaplin, etc.)

**What are some of your goals for the future & what are your greatest challenges to achieving your goals?**

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**Please list work skills and jobs that you have had:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Are you a Christian?**   Yes  No **If yes, please share how & why you came to faith in Jesus Christ.**

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**Why are you interested in being a resident at the DW Apartments?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please ensure that you have fully completed the Discipleship Home Application, read and signed the Resident Housing Covenant, and attached your life experiences letter. Thank you again for applying and we will contact you and/or your Caseworker/Counselor regarding your application when we receive it.

 Application fully completed  Covenant read and signed  Attached life experiences letter

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_



# Program Housing Covenant

Damascus Way Apartments is a program that provides affordable housing and services in a safe, Christian environment. Residing at the Damascus Way Apartments involves a commitment to being in healthy relationships, participating in healthy activities, and taking care of your personal responsibilities.

As a resident of Damascus Way Apartments Program, Iagree to commit to the following…

* I will pay my Program Fees on a monthly basis and on time. (Monthly payments are $450.00 and are due the 1st of each month. All late payments received after the 5th of any given month will incur a penalty of $10.00 per day.)
* I will work a full-time job while residing at the apartments. If I am unable to work I will volunteer my time at a local church, food shelf, or other civic organization.
* I will attend at least one support group per week – Church, AA, NA, Men’s Group, Bible Study, etc.
* I will be subject to Staff walk-through’s weekly to ensure the apartment is well maintained and clean. (Apartments are subject to searches by staff at any time.)
* I will not have any visitors in the Damascus Way Apartments.
* I will not use any tobacco products, e-cigs, or vaporizers in the apartment. (The only smoking area is on the patio outside of the 1449 building.)
* I will abstain from the use of alcohol, illegal drugs, abuse/misuse of prescription drugs, and any other substance abuse.
* I will be subject to random UA’s and BA’s and refusal will result in immediate termination
* I will not have pornography (*ANY* material that is sexually suggestive in any manner), music that contains profanity, or movies with explicit sex scenes and/or drug/alcohol use.
* I will contribute to the care and maintenance of the apartment and its surroundings. I understand that my apartment must be kept clean at all times. (Every resident will be assigned house jobs and will agree to do their house job to the expectations of Damascus Way.)
* I will inform the staff if I am going to be away from the apartment for more than 3 days.
* I will report any damages to the apartment or furnishings immediately to Damascus Way staff. (Damages observed but not reported will become the financial responsibility of each person residing in that apartment.)
* I will inform Damascus Way staff of my plans to vacate my apartment at least 30 days prior to doing so.
* I will maintain an active Driver’s License if I intend to have a vehicle on the Damascus Way Apartments property.
* I will maintain active registration and insurance on any vehicle I have in my possession while residing in the Damascus Way Apartments. (All residents are authorized ONLY one vehicle while in the apartments unless authorized by the Site Director. There will be no trailers, boats, personal watercraft, or atv/utv type vehicles stored on the Damascus Way Apartments property.)

I have read the above covenant and my signature below means I agree to abide by this covenant. I understand that I do not follow through with the expectations in this covenant I may be asked to leave the Damascus Way Apartments Program.

**Resident Signature:**   **Date:**

**Staff Signature:**  **Date:**