

Request to Change/Obtain Residence

Your Name: _____ Date: _____

In order to receive permission to change your residency, you must provide the following information. Failure to do so will result in a denial of your request.

Current residential information:

Address: _____ Apt.#: _____

City, State: _____ Zip Code: _____

Phone #: _____ Cellular #: _____

Person(s) currently residing in the residence:

Reason for request to change residence:

New residential information:

MOVE-IN DATE: _____

Address: _____ Apt.#: _____

City, State: _____ Zip Code: _____

Phone #: _____ Cellular #: _____

New person(s) you are requesting to reside with you:

Full Name	DOB	Social Security #	Relation to You
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any of these persons currently on parole, probation or pre-trial release?

If YES, who: _____

Do any of these persons have a prior criminal record?

If YES, who: _____

Rental information for the new residence:

Name of landlord or rental company: _____

Address: _____

City, State: _____ Zip Code: _____

Phone#: _____

Monthly Rent: _____ Deposit: _____ Length of Lease: _____

What is the average monthly cost and who is responsible for paying the following:

Electricity: _____ Gas: _____

Water: _____ Garbage: _____

Phone: _____ Cable: _____

Are you using a housing voucher? YES NO

If YES, from which agency? _____

What portion of your rent do you get from housing? _____ How often do you receive it? _____

Are they helping you with your deposit? YES NO If YES, how much? _____

By signing below, I, _____, acknowledge that 1) a background check may be run on both the new residence and the person(s) I have requested to live at that residence, 2) to the best of my knowledge the above information is true, 3) if it is determined that I have falsely given any information, or if either the new residence or those whom I have requested to reside there are determined to be inappropriate for the success of my drug court program, my request will be denied, 4) I must fill out a new budget which reflects how I will meet the responsibilities of my new residence, and that I have turned in that budget to my supervision officer for review, and 5) if it has been determined that I cannot afford to live at the new residence based upon my current financial situation, my request will be denied until such time when I can show adequate financial responsibility.

Participant's Signature

Date

For office use only:

_____ Landlord or rental company was verified. _____ Residence was checked for appropriateness.

_____ Requested residents have been checked. _____ Financial responsibility has been verified.

_____ Approved _____ Denied Reason for denial: _____

Supervision Officer's Signature

Date