

**RESIDENT APPLICATION
LADDER, INC.**

(The landlord [Ladder, Inc.] agrees to keep all information provided on this application confidential.)

Date of Application: _____ Date of Birth: _____
Name of Applicant: _____ Age: _____
Single () Married ()

Present Address: _____

How long have you lived at this address? _____
Phone number where you can be reached: _____

Previous Address: _____

Length of stay: _____
Reason for leaving: _____

Have you been diagnosed as having mental illness? _____
What is the diagnosis (type of mental illness)? _____

Are you presently under the care of a doctor and/or therapist? _____

Name of doctor: _____ Name of therapist: _____

Do you have a history of substance abuse? _____
Do you presently drink alcohol or use drugs? _____
If you once did but no longer drink alcohol or use drugs, how long have you been sober? _____

Are you presently employed? _____ If so, who is your employer? _____

How long have you worked at this job? _____ What is your salary? \$ _____

Income (other than employment):
SSI/SSDI: \$ _____ per month
Other financial assistance: \$ _____ per month

Social Security Number: _____

Which Ladder Home are you interested in?
___ The Jon David Miller Home (8 men) - private bedroom, shared living space.
___ Ladder 3 or 4 (1 or 2 bedroom apartments)

Signature of Applicant _____

The process of consideration for residency in a Ladder Home includes consultation with your case manager/therapist/doctor. At the time of consideration, you will be asked to sign a release in order for Ladder, Inc. to do so.

**Return this application to:
LADDER, INC.
P.O. Box 1021
Holland, MI 49422-1021**