

# BEES' NEST APPLICATION FORM

## Personal Information

Date: \_\_\_\_\_

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Initial \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

Former Address: \_\_\_\_\_

\_\_\_\_\_

References: \_\_\_\_\_ Tel: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

## Employment / Income

Employment: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Other sources of income (ie: MIA, disability, family) \_\_\_\_\_

Monthly Income: \_\_\_\_\_

## Emergency Information

In case of emergency please contact: \_\_\_\_\_

Relationship (ie friend, parent, brother): \_\_\_\_\_ Telephone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Other Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mental Health Worker: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medications: \_\_\_\_\_

I, \_\_\_\_\_, have been completely honest with all the information in this form. I give full consent to the landlord to confirm the information above. This information is for the Safe House only and will not be shared.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Fill out what is applicable to your circumstance - Incomplete forms will not be considered  
Forms can be delivered to the Bees' Nest, given to Lise Carignan or faxed to 250-338-8629 (Questions: 250-218-1602)

## BEES' NEST HOUSE RULES

1. Each resident is required to stay drug and alcohol free. Abuse of any substances, including prescription drugs, will result in IMMEDIATE dismissal.
2. If one's behavior or attitude make the home unsafe for the other tenants, the tenancy agreement can be voided and they must leave immediately.
3. Residents are required to attend house meetings when scheduled. If unable to attend, manager must be informed.
4. Residents are required to clean common living and eating areas after use Dishes are to be washed, dried, and put away within half an hour of meal/snack completion. Personal rooms must also be kept clean.
5. Lights, televisions, and radios are to be turned off when leaving rooms.
6. NO SMOKING in the residence - smoking permitted outside in designated areas only.
7. House guests are to visit in common areas only. Visitors must leave at 10:00 p.m. weekdays and 12:00 a.m. weekends (exception being holidays)
8. We reserve the right to retain rent in the event of eviction or failure to provide proper notice.
9. If you are staying away overnight or for a period of time the House must be informed.
10. Any criminal activity, reported or not, while a resident will result in immediate eviction. This includes assault and theft.
11. Regular attendance is required at 12 Step meetings.
12. Every tenant is responsible for their own meals, drinks, and snacks, toiletries and laundry supplies.
13. Thirty (30) calendar days written notice is required to be submitted to the Manager prior to moving out
14. Residents are not to have any contact with known criminals.
15. Radios and televisions are to be kept at a respectful volume. (not to be heard outside of room area)
16. Visitors are expected to abide by House Rules.
17. Violence and aggressive behavior is unacceptable and will not be tolerated under any circumstance.
18. Residents and visitors are expected to act in a respectful manner within the neighborhood
19. The house phone and computer are for all residents so respect needs to be shown to all who need it.
20. No pets under any circumstances.

### **FAILURE TO ABIDE BY THESE RULES MAY RESULT IN IMMEDIATE EVICTION.**

I HAVE RECEIVED, READ, AND UNDERSTOOD THE ABOVE WITH REGARDS TO THE BEE'S NEST *CLEAN & SOBER HOUSE*. I HEREBY AGREE TO ABIDE WITH THE ABOVE HOUSE RULES AND UNDERSTAND THAT IF THE SAFETY OF THE HOUSE IS JEPORDIZED AS A RUSULT OF MY ATTITUDE AND/OR BEHAVIOUR I WILL BE ASKED TO LEAVE THE PREMISES.

\_\_\_\_\_  
Resident (Print Full Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Print Full Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date