



Housing Application

Release or Graduation Date: _____ Requested Move in Date: _____

Full Name: _____ DOB: _____

Phone Number: _____ Email: _____

Institution or Current Living Situation: _____

Please list most recent charges and/or convictions:

Date: _____ Charge: _____ Felony Misdemeanor

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Please check all that apply:

Probation/Parole Officer: _____ Phone: _____

Electronic Monitoring: _____

Drug/Alcohol Treatment Program: _____

Drug of Choice: _____

Housing Assistance: _____ Case Manager: _____

Phone: _____ Email: _____

Self Pay: _____ Employer: _____ Hourly Wage: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Email: _____

Authorization to Release Information:

I hereby give permission to Sleeping Lady Transitional Services, LLC or its representatives to share and/or obtain relevant information with various agencies. These may include but are not limited to probation/parole officers, Department of Corrections (and other state agencies), social service agencies, housing providers, substance abuse/mental health treatment providers, employers, attorneys, training agencies, and education providers, contractors, grantees, and more.

Consent and Acknowledgment

By signing this document, I confirm that I am 18 years or older. Additionally, I agree to comply with the SLTS Handbook upon intake and understand that failing to adhere to its regulations may result in termination of residency.

"I understand that I must have sufficient funds to cover my stay, in the amount of \$750 per month."

Print Name: _____

Signature: _____ Date: _____

Please email complete applications to sleepingladyts@gmail.com