

Faith, Hope & Love  
Christian Ministries  
Spartanburg, South Carolina  
864-360-2753

RESIDENCY APPLICATION

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_:\_\_\_\_:\_\_\_\_

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

Telephone Number: \_\_\_\_:\_\_\_\_:\_\_\_\_ Drivers License # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone # \_\_\_\_:\_\_\_\_:\_\_\_\_

How Long Employed: \_\_\_\_\_ Salary: \_\_\_\_\_

Other Income (Explain): \_\_\_\_\_

Monthly Expenses: \_\_\_\_\_

Source of Weekly Payment: \_\_\_\_\_

Vehicle Make & Model: \_\_\_\_\_ Tag # \_\_\_\_\_

Insurance Policy Holder: \_\_\_\_\_ Policy # \_\_\_\_\_

Local Physician: \_\_\_\_\_ Telephone # \_\_\_\_\_

**Drug of Choice:** \_\_\_\_\_ **Clean Date:** \_\_\_\_\_

Sponsor: \_\_\_\_\_ Telephone # \_\_\_\_:\_\_\_\_:\_\_\_\_

Current Medications Taken and Why: \_\_\_\_\_

Probation/Parole Officer: \_\_\_\_\_ Telephone # \_\_\_\_:\_\_\_\_:\_\_\_\_

\*\*\* List all current Charges and past convictions, including sexual offenders act:

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All statements are true, to the best of my knowledge: X \_\_\_\_\_