



56 Sparhawk Street
Amesbury, MA 01913
978-388-8972 phone
978-388-8986 fax
www.simplelivinginc.org

Application for Residency

Application Date: _____

Applicant's Name: _____

DOB: _____

SSN: _____ Driver's Lic: _____ State: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Next of Kin: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Employer: _____ How long there: _____

Supervisor's Name: _____

Telephone: _____ Email: _____

Referring Agency: _____

Contact: _____

Telephone: _____ Email: _____

Sobriety Date: _____ Home Group: _____

Sponsor's Name: _____

Vehicle Make/Model: _____

Color: _____ Registration: _____ State: _____

Please send a psyc-social if available as well as TB test results. Thank you.