

Welcome to ANCHOR Sober Living Center!

At ANCHOR, we believe recovery is about more than getting sober. It is about rebuilding your life, developing responsibility, establishing stability, and becoming the man you are capable of being.

Before we begin, please understand something important:

Living at ANCHOR is more than a rental agreement. It is an opportunity to rebuild your life within a structured, supportive recovery community. By choosing to live here, you agree to follow our house rules, respect our staff and residents, maintain accountability, and actively work toward your personal goals.

Your continued residency depends on your compliance with our written house rules, residency agreement, and applicable laws. Violations may result in disciplinary action or termination of residency in accordance with your agreement and applicable law.

Our goal is to provide a safe, stable, and supportive environment where men in recovery can grow, work, save money, and prepare for independent living.

Please answer the following questions honestly. Your answers will help us determine whether ANCHOR is the right environment for you.

SECTION 1: PERSONAL INFORMATION

1. Full legal name:

2. What name do you prefer to be called?

3. Date of birth:



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4. Phone number:

5. Email address, if available:

6. What is your current location?

7. Who should we contact in case of an emergency?

- Full name: _____
- Relationship: _____
- Phone number: _____

8. Do you have a valid photo ID?

- ☐ Yes
- ☐ No
- ☐ I need assistance obtaining one

9. Do you have a driver's license or state-issued identification card?

- ☐ Driver's license
- ☐ State ID
- ☐ Neither

10. When are you hoping to move into ANCHOR?



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SECTION 2: RECOVERY JOURNEY

We want to understand your recovery journey and how we can support your continued growth.

11. What treatment center, rehabilitation facility, recovery program, or sober living home are you coming from?

Facility or program name: _____

City and state: _____

12. Who is your current counselor, case manager, sponsor, or recovery contact, if applicable?

Name: _____

Phone number: _____

13. What is bringing you to ANCHOR Sober Living Center?

14. How long have you been in recovery?

15. When was your most recent use of alcohol or other non-prescribed substances, if applicable?

16. Have you completed a residential treatment or rehabilitation program?

- ☐ Yes
- ☐ No
- ☐ Currently enrolled



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17. Are you currently participating in a recovery program?

- ☐ AA
- ☐ NA
- ☐ Celebrate Recovery
- ☐ Outpatient treatment
- ☐ Counseling or therapy
- ☐ Another recovery program
- ☐ Not currently participating

Please explain: _____

18. Do you currently have a sponsor, mentor, counselor, or recovery support person?

- ☐ Yes
- ☐ No
- ☐ I am looking for one

19. What are your biggest goals for the next 90 days?

- ☐ Find employment
- ☐ Maintain my recovery
- ☐ Save money
- ☐ Obtain identification or other documents
- ☐ Repair relationships with family
- ☐ Improve my physical and emotional well-being
- ☐ Find permanent housing
- ☐ Other: _____

20. What situations, habits, or environments could put your recovery at risk?

21. What strategies do you use to handle stress, cravings, or difficult situations?



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22. Are you willing to participate in the recovery activities, accountability requirements, and house meetings established by ANCHOR?

- ☐ Yes
 - ☐ No
 - ☐ I would like more information
-

SECTION 3: EMPLOYMENT & FINANCIAL STABILITY

At ANCHOR, we encourage residents to develop financial responsibility, maintain employment when able, and work toward long-term independence.

23. Are you currently employed?

- ☐ Yes
- ☐ No
- ☐ I have a job offer
- ☐ I am actively looking for work

24. If employed, what is the name of your employer?

25. What is your job title or occupation?

26. Is your employment:

- ☐ Full-time
- ☐ Part-time
- ☐ Temporary
- ☐ Self-employed
- ☐ Other: _____

27. How many hours do you work per week?



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28. What is your hourly pay or weekly income before taxes?

- Hourly pay: \$_____
- Average weekly hours: _____
- Estimated weekly income: \$_____

29. How often do you get paid?

- ☐ Weekly
- ☐ Every two weeks
- ☐ Twice per month
- ☐ Monthly
- ☐ Other: _____

30. If you are not currently employed, what is your plan for finding a job?

31. How soon can you begin working?

32. Do you have any other sources of income?

- ☐ Social Security benefits
- ☐ Disability benefits
- ☐ Pension or retirement income
- ☐ Other legitimate income
- ☐ No other income

Please explain, if applicable: _____

33. Do you currently have a bank account or another reliable way to receive your income?

- ☐ Yes
- ☐ No
- ☐ I need assistance setting one up



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34. Are you willing to create a personal budget and work toward financial independence while living at ANCHOR?

- ☐ Yes
 - ☐ No
 - ☐ I need assistance with budgeting
-

SECTION 4: ROOM SELECTION & RESIDENCY COSTS

ANCHOR offers affordable housing options designed to help residents maintain stability while rebuilding their lives.

Available Room Options

Private Room: \$1,200 per month

Shared Room: \$600 per month per resident

Shared rooms contain two beds and are subject to availability.

Your Monthly Residency Includes:

- Electricity
- Water
- Internet
- Trash service
- Cable television

Transportation: ANCHOR can arrange one-way transportation to help approved residents travel to our facility for move-in. Transportation after arrival, including transportation to work, appointments, shopping, and recovery meetings, is the resident's responsibility unless otherwise arranged.

35. Which room option are you applying for?

- ☐ Private room — \$1,200 per month
- ☐ Shared room — \$600 per month



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36. Do you understand the monthly cost of your selected room?

- ☐ Yes
- ☐ No, I need clarification

37. Do you have the \$300 deposit required to reserve your spot?

- ☐ Yes, I have the full deposit.
- ☐ No, I need to discuss my options.

38. When can you pay the \$300 deposit?

39. When will you be able to make your first monthly payment?

40. What is your plan for making your monthly housing payment consistently?

41. Do you understand that your room rate covers the utilities and services listed above, but does not include transportation after arrival or other personal expenses unless specifically agreed upon in writing?

- ☐ Yes
- ☐ No, I need clarification

42. Do you understand that a deposit reserves a spot subject to ANCHOR's written deposit and residency policies?

- ☐ Yes
- ☐ No, I need clarification

43. Do you have any current financial obligations that could affect your ability to pay for housing?



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44. Is there anything that might prevent you from making your monthly payment on time?

SECTION 5: TRANSPORTATION & MOVE-IN ARRANGEMENTS

45. Where will you be traveling from to get to ANCHOR?

City and state: _____

46. Will you need ANCHOR to help arrange one-way transportation to the facility?

- ☐ Yes
- ☐ No
- ☐ I need to discuss transportation arrangements

47. If transportation is needed, what is the best pickup location?

48. Do you have reliable transportation to get to work, recovery meetings, medical appointments, and other necessary activities after you arrive?

- ☐ Yes
- ☐ No
- ☐ I am working on a transportation plan

49. If you do not have transportation, what is your plan for getting to work and attending required activities?

50. What is your expected arrival date and time?



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SECTION 6: HOUSE RULES & ACCOUNTABILITY

ANCHOR is a structured living environment. Every resident is expected to contribute to a safe, respectful, recovery-focused community.

Please review each statement and indicate whether you agree.

51. I agree to remain free from alcohol and unauthorized or illicit drugs while residing at ANCHOR and to follow the center's written substance-use and testing policies.

- ☐ Agree
- ☐ Need clarification

52. I agree to follow the written house rules, curfew, visitor policies, and other applicable community guidelines.

- ☐ Agree
- ☐ Need clarification

53. I agree to treat staff, fellow residents, neighbors, and visitors with respect.

- ☐ Agree
- ☐ Need clarification

54. I understand that violence, threats, harassment, theft, and the possession of prohibited items are not acceptable and may result in disciplinary action or termination of residency, subject to applicable law.

- ☐ Agree
- ☐ Need clarification

55. I agree to keep my room and shared spaces clean and participate in assigned household responsibilities.

- ☐ Agree
- ☐ Need clarification



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56. I agree to respect other residents' privacy, personal belongings, and recovery journeys.

- ☐ Agree
- ☐ Need clarification

57. I understand that overnight guests and visitors must follow ANCHOR's visitor policies and receive any required approval.

- ☐ Agree
- ☐ Need clarification

58. I understand that residents are expected to attend required house meetings and participate in applicable accountability activities.

- ☐ Agree
- ☐ Need clarification

59. I agree to communicate respectfully with staff and promptly report serious safety concerns, conflicts, or incidents.

- ☐ Agree
- ☐ Need clarification

60. I understand that failure to comply with the written residency agreement and house rules may result in corrective action or termination of residency, subject to the agreement and applicable law.

- ☐ Agree
- ☐ Need clarification

61. Are you willing to accept accountability and constructive feedback from ANCHOR staff?

- ☐ Yes
- ☐ No
- ☐ I would like to discuss this further



62. Have you ever been asked to leave another sober living home, treatment facility, or recovery program because of a rule violation?

- ☐ Yes
- ☐ No

If yes, please explain what happened and what you learned from the experience.

SECTION 7: PERSONAL BELONGINGS & LUGGAGE POLICY

To maintain an organized, comfortable, and safe living environment, ANCHOR limits the amount of personal luggage each resident may bring.

63. Do you understand that you may bring only ONE piece of luggage when moving into ANCHOR?

- ☐ Yes
- ☐ No, I need clarification

64. Can you fit your essential personal belongings into one piece of luggage?

- ☐ Yes
- ☐ No

65. Do you understand that additional belongings must be discussed and approved in advance?

- ☐ Yes
- ☐ No, I need clarification

66. Do you have any essential personal items, mobility equipment, or other belongings that require special arrangements?



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SECTION 8: HEALTH, SAFETY & SUPPORT NEEDS

These questions help us understand whether our living environment is appropriate for your needs and whether any reasonable accommodations or additional support should be discussed.

67. Are there any medical, accessibility, or other support needs that you would like us to know about to help make your stay safe and successful?

68. Do you currently have a primary care provider or healthcare professional?

- ☐ Yes
- ☐ No
- ☐ I need assistance finding one

69. Do you have any scheduled medical, counseling, or recovery appointments that you will need to attend after moving in?

- ☐ Yes
- ☐ No

If yes, please explain any scheduling or transportation needs.

70. Are you currently taking any prescribed medications that require refrigeration, special storage, or other accommodations?

- ☐ Yes
- ☐ No
- ☐ Prefer to discuss privately

71. Do you have any allergies or safety-related needs that staff should know about?



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72. Is there anything else about your current situation that could affect your transition into sober living?

Please share only information relevant to your support and accommodation needs. Any additional health information should be collected and handled confidentially.

SECTION 9: PERSONAL GOALS & COMMITMENT

We want every resident at ANCHOR to have a plan for moving forward.

73. What does successful recovery mean to you?

74. What are three goals you want to accomplish while living at ANCHOR?

Goal 1: _____

Goal 2: _____

Goal 3: _____

75. What do you hope your life will look like six months from now?

76. What personal strengths will help you succeed in a structured living environment?

77. What areas of your life do you most want to improve?



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78. What kind of support do you believe would help you succeed at ANCHOR?

79. Are you willing to develop a personal action plan with staff to support your employment, recovery, financial stability, and long-term housing goals?

- ☐ Yes
- ☐ No
- ☐ I would like more information

80. Why do you believe ANCHOR is the right place for you at this stage of your recovery?



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SECTION 10: FINAL ACKNOWLEDGMENT

Please read the following statement carefully.

My Commitment to ANCHOR Sober Living Center

I understand that ANCHOR Sober Living Center provides a structured living environment intended to support men as they work toward recovery, stability, responsibility, and independent living.

I understand that submitting this application does not guarantee admission or reserve a room. My admission is subject to approval, availability, and completion of the required residency documents.

If accepted, I agree to review and sign the applicable residency agreement, house rules, payment terms, safety policies, and other required documents before moving in.

I understand that my continued residency depends on following the applicable written rules and agreements. Violations may result in corrective action or termination of residency in accordance with the written agreement and applicable law.

I understand that the monthly room rate includes electricity, water, internet, trash service, and cable television. Transportation after arrival and personal expenses are not included unless otherwise agreed upon in writing.

I understand that I may bring only one piece of luggage at move-in unless ANCHOR approves an exception in advance.

I certify that the information I have provided is accurate and complete to the best of my knowledge. I understand that I may ask questions about any policy or agreement before signing.

Applicant's Full Name: _____

Applicant's Signature: _____

Date: _____

ANCHOR Representative: _____



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FOR ANCHOR STAFF USE ONLY

Application Review

Applicant's Name: _____

Date Application Received: _____

Referral Source: _____

Referring Program or Facility: _____

Initial Assessment

- ☐ Recovery background discussed
- ☐ Employment or income reviewed
- ☐ Room preference confirmed
- ☐ Monthly payment plan discussed
- ☐ \$300 deposit status confirmed
- ☐ Transportation needs discussed
- ☐ One-piece luggage policy explained
- ☐ House rules reviewed
- ☐ Support and accommodation needs discussed
- ☐ Emergency contact information collected
- ☐ Residency agreement provided
- ☐ Applicant questions answered

Room Assignment

- ☐ Private room — \$1,200/month
- ☐ Shared room — \$600/month
- ☐ Waiting list
- ☐ Additional review required

Deposit Received: \$_____

Date Deposit Received: _____

Expected Move-In Date: _____

Assigned Room: _____



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Admission Decision

- ☐ Approved
- ☐ Pending additional information
- ☐ Waitlisted
- ☐ Not approved

Staff Notes:

Reviewed By: _____

Date: _____



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Your generosity helps transform lives by expanding access to stable housing, essential resources, recovery support, employment opportunities, and the guidance men need to rebuild their lives with dignity and purpose. We are doing more than providing a place to stay—we are creating pathways to stability, renewed hope, meaningful purpose, and lasting independence.

Every donation helps build a stronger future, one life at a time.

Charitable donations must be made directly to **The PEAK Fund, Inc.** and are tax-deductible to the extent permitted by law. Donations are used to support the Fund's charitable mission and eligible programs, including its support of ANCHOR Sober Living Center.



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