

# Hoffman Hall

## Sober Living Homes

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### Residency Application

#### Applicant Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Case Manager and Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

#### Employment/Education/Income Information

Explain any physical or mental health disorders that would prevent you from working:

What is your work experience:

How are you planning on paying for your rent:

Are you willing to abstain from all none prescribed medication including all illegal substances:

What are some goals you would like to achieve while living with us?

1:

2:

3:

List all current prescribed medications:

**Legal Information**

List all felony charges:

Who is parole or probation officer: \_\_\_\_\_ Phone Number:

I attest to the fact that I have been completely honest with all information and in answering all the questions on this application. I have read the rules of Hoffman Hall and will follow them, knowing that if I do not, I will be responsible for rent being forfeited and possible violation of my parole or probation.

Signature of applicant: \_\_\_\_\_ Date:

