

2. _____
(name) (phone number (s)) (relationship)

Have you ever lived in any type of sober housing? ____ Yes ____ No

Name and address of house: _____

Dates of residence: _____

Reason for leaving: _____

Name, address, and phone number of your last landlord: _____

Have you ever been convicted of arson? _____ or have a current legal status? _____

IMPORTANT NOTICE: The nature of Zack's House requires expulsion, without prior notice or refund of any deposits, of any member who is found by the proprietors who hold the lease on the property to: 1) be using alcohol or drugs or 2) be in default of weekly house share of expenses or 3) be guilty of disruptive or any behaviors that threaten the wellbeing of the property and / or the other members that reside at Zack's House. A member of Zack's House is not a tenant of Lowell House, Inc. but is a member of the transitional residential program, which is Zack's House. Such member is NOT entitled to any of the rights or protections that a tenant would be entitled under Massachusetts's law.

I have read the above notice and understand that I am applying for membership in Zack's House as a member of the transitional residential program and not as a tenant. I agree to abide by Zack's House principles and fully subject myself to the rules and expectations of this house including periodic drug testing. I understand that I am subject to immediate expulsion from the house by the proprietors who hold the lease on the property if any of the following occur. 1) Use alcohol or drugs (other than prescribed medications); 2) I fail to pay my weekly house share of expenses and or fees; 3) I engage in disruptive and or any behaviors that threaten the wellbeing of the property and / or the other residents who reside at Zack's House. I understand that if I am expelled from the house for any of the above reasons there will be no refunds.

By signing below, I certify that the information contained in this application is true, that I understand and accept the conditions set forth above for membership in Zack's House, and that I agree to abide by said conditions should I be accepted as a resident of Zack's House. **Zack's House members must be eighteen (18) years old and not older than twenty-five (25) at time of admissions.*

Date: _____ Signature: _____

TO BE COMPLETED AT HOUSE INTERVIEW: The within application was reviewed with the applicant and does acknowledge the IMPORTANT NOTICE and the requirements for membership in Zack's House set forth above and agreed to abide by same.

Date: _____ Authorized Zack's House Representative: _____

All Zack's House members MUST pay first month and last month fees BEFORE they will be permitted to move into the house. \$650/month for a single and \$450/month for a double. Proof of Income Verification is necessary.

Send Complete Application to: Lowell House Inc. 555 Merrimack St, Lowell, MA 01854 or Fax: 978-937-2559