

Blessed Builders Ministry Residential Application

Office (701) 751-0318/Text Line (701) 660-0767

E-mail: BBM@blessedbuildersministry.com

PERSONAL INFORMATION:

Date: _____

Full name: (First) _____ (Middle) _____ (Last) _____

Address: (Street) _____ (ZIP) _____

(Town) _____

(State) _____

Date of Birth: ___/___/____ Social Security Number: ____-____-____

Marital Status: _____ Single _____ Married _____ Divorced _____ Separated _____ Engaged _____ Widowed

Phone #: _____ Other Phone #: _____ Are you a veteran? Yes / No

PRESENT HOUSING SITUATION:

____ Live with spouse ____ Live with friends ____ Homeless

____ Live with Parents ____ Incarcerated ____ Live alone

____ Live with Relative ____ Treatment facility ____ Other

EMERGENCY CONTACT PERSON (FRIEND OR FAMILY MEMBER):

Full name: (First) _____ (Middle) _____ (Last) _____

Address: (Street / P.O. Box) _____ (Town) _____ (State) _____ (ZIP) _____

Daytime Phone #: _____ Evening Phone #: _____ Cell #: _____

Relationship to you: _____ E-mail address: _____

SPOUSE'S INFORMATION:

Full name: (First) _____ (Middle) _____ (Last) _____

Address: (Street / P.O. Box) _____ (Town) _____ (State) _____ (ZIP) _____

Daytime Phone #: _____ Evening Phone #: _____ Cell #: _____

CHILDREN'S INFORMATION:

Name: _____ Sex: M / F Age: _____ DOB: ___/___/____

Name: _____ Sex: M / F Age: _____ DOB: ___/___/____

Name: _____ Sex: M / F Age: _____ DOB: ___/___/____

Name: _____ Sex: M / F Age: _____ DOB: ___/___/____

Name: _____ Sex: M / F Age: _____ DOB: ___/___/____

Name: _____ Sex: M / F Age: _____ DOB: ___/___/____

EDUCATIONAL BACKGROUND:

Highest level of school completed: _____

List of schools, certificates and diplomas: _____

RELIGIOUS AFFILIATION:

Name of Church: _____

Address: (Street / P.O. Box) _____ (Town) _____ (State) _____ (ZIP) _____

Name of Pastor: _____ Phone #: _____

ADDITIONAL INFORMATION:

1. Male / Female

2. Are you a sex offender? Yes / No

3. Any crimes/offenses? _____

4. What is your drug of choice? _____

5. How long have you been sober? _____

6. What is your current residency? _____

7. Are you on probation? Yes / No If yes, who is your Probation Office? _____

MEDICATION

Are you currently taking medications? Yes / No If yes, please list medications: _____

Signature: _____ **Date:** _____

Print Name: _____