



Resident Application

Mailing Address: 409 Morrison St, West Fargo, ND 58078

House Location: 1451 3rd Ave NW, Unit D, Dilworth, MN 56529

Phone: (701) 809-2753 | Email: info@redletterhouse.com

Thank you for your interest in Red Letter House. Please complete this application honestly and completely. All information is confidential and used only to determine fit for our recovery community.

Resident fees generally range from \$850-\$900 depending on room placement and occupancy. Utilities and Wi-Fi are included. Weekly payment arrangements may be approved on a case-by-case basis. Rooms are shared accommodations unless otherwise specified.

Before signing, we encourage you to thoroughly read through our rules and guidelines. Please contact us weekly to stay on the waitlist if no beds are available at this time. After 2 weeks of no contact you will be removed from the list.

1. PERSONAL INFORMATION

Full Legal Name: _____

Preferred Name: _____

Date of Birth: _____ Age: _____

Phone: _____

Email: _____

Current Address: _____

Desired Move-In Date: _____

Do you have reliable transportation? Yes No

Emergency Contact Name: _____

Relationship: _____ Phone: _____

2. RECOVERY & HEALTH INFORMATION

Sobriety Date: _____

Primary Substance(s) Used: _____

Treatment History (facility/program and dates):

Previous Sober Living Experience (if any):

Do you currently have a sponsor or recovery mentor? Yes No

Home Group / Recovery Program: _____

Briefly describe your recovery goals and support needs:

Are you currently taking prescribed medications, including MAT? Yes No

Any medical or mental health conditions we should be aware of? Yes No

3. LEGAL & FINANCIAL INFORMATION

Are you currently on probation or parole? Yes No

PO Name & Phone: _____

Any pending charges or felony convictions? Yes No

Are you currently employed? Yes No

Employer / Source of Income: _____

Will you be able to pay monthly resident fees? Yes No

4. REFERENCES

Reference #1

Name: _____

Relationship: _____

Phone: _____

Email: _____

Reference #2

Name: _____

Relationship: _____

Phone: _____

Email: _____

5. HOUSE RULES ACKNOWLEDGMENT

- I will remain abstinent from alcohol and non-prescribed drugs.
- I consent to random drug and alcohol testing.
- I will disclose prescribed medications and follow medication policies.
- I will participate in a recovery program.
- I will follow house expectations, including curfew, chores, and meetings.
- Residents may request approved passes for family or friends. Pass requests must be submitted at least 48 hours in advance and are subject to staff approval.
- I understand that if I leave or am discharged from the residence, I am responsible for removing my belongings within 24–48 hours. Unclaimed property may be removed, stored, or disposed of by house management.
- Relapse, violence, theft, dishonesty, or threats may result in discharge.
- I understand that residency at Red Letter House is provided under a License Agreement and not a traditional landlord-tenant lease. I further understand that failure to comply with house rules, sobriety requirements, or program expectations may result in termination of residency and revocation of my license to occupy the premises.
- I authorize Red Letter House to verify the information in this application.

Applicant Initials: _____

Release of Information MUST be filled out if in a facility so we are able to inquire with your treatment team, Probation officer and Medical Providers etc.

6. APPLICANT SIGNATURE

I certify that the information provided is true and complete to the best of my knowledge.

Applicant Signature: _____

Printed Name: _____

Date: _____