



Independent Living Shared Housing

CONFIDENTIAL RESIDENT FORM

**PROGRAM INTAKE &
APPLICANT INFORMATION**

Full legal name _____

Preferred name or nickname _____

Date of birth _____

Current housing status

Primary phone number _____

Email address _____

Emergency contact name and phone _____

EXTRA NOTES!

MY CONTACT

P: (229)302-9803

E: oneloveindependentliving@yahoo.com

A: 912 Barbargale Ave Albany, Ga 31705

A FRESH START BEGINS WITH A SAFE PLACE TO CALL HOME.

Program Rules & House Expectations

I. Program Purpose

The purpose of this program is to support residents in developing life skills, maintaining stable housing, and progressing toward personal, educational, and/or employment goals in a safe, structured, and respectful community setting.

II. General House Rules

- **Respect Others:** Treat all residents, staff, and guests with courtesy and respect.
- **No Violence or Threats:** Any form of physical or verbal abuse, intimidation, or threats will result in immediate removal.
- **No Drug or Alcohol Use:** This is a zero-tolerance environment. Possession, use, or distribution of drugs or alcohol is prohibited.
- **Cleanliness:** Keep personal and common areas clean. Chores are mandatory and assigned weekly.
- **Curfew (if applicable):** Residents under 21 must be inside the residence by 10:00 PM Sunday–Thursday and 11:00 PM Friday–Saturday, unless prior approval is obtained.
- **Overnight Guests:** Prohibited unless pre-approved in writing by staff. Guests must be out by 10:00 PM.
- **No Weapons:** Possession of firearms, knives, or any other weapons is strictly forbidden.

III. Chores & Shared Responsibilities

- **Chore Schedule:** Each resident will be assigned rotating chores (e.g., kitchen, bathroom, trash).
- **Inspections:** Staff will conduct random and scheduled inspections weekly.
- **Accountability:** Failure to complete chores may result in loss of privileges or a program warning.

IV. Personal Belongings

- **Storage:** Each resident will be assigned personal storage space. Do not tamper with others' belongings.
- **Food:** Label personal food items. Shared items (if applicable) must be divided fairly.
- **Valuables:** We are not responsible for lost or stolen items; secure your belongings appropriately.

V. Daily Expectations

- **Wake-up Time:** All residents must be awake by 8:00 AM on weekdays unless excused due to work or health reasons.
- **Productive Activity:** Residents must be engaged in school, work, job search, volunteering, or life skills training.
- **Participation:** Attendance at all mandatory meetings, check-ins, or workshops is required.
- **Noise Levels:** Keep noise to a minimum after 9:00 PM. Use headphones when listening to music or TV in shared areas.

VI. Financial Responsibility

- **Program Fee/Rent:** Must be paid on time, as outlined in the resident agreement.
- **Utilities/Shared Costs:** If applicable, these will be divided evenly and are due by the 5th of each month.
- **Budgeting:** Residents may be required to participate in financial literacy or budgeting workshops.

VII. Medical, Mental Health & Support

- **Medication:** All medications must be stored properly. Residents are responsible for taking their medications as prescribed.
- **Mental Health:** Residents are encouraged to access therapy and/or counseling as needed.
- **Emergencies:** Report any medical or psychiatric emergencies immediately to staff.

VIII. Conduct & Disciplinary Procedures

- **Warning System:**
 - First Offense: Verbal warning
 - Second Offense: Written warning + behavior plan
 - Third Offense: Probation or possible dismissal
- **Immediate Dismissal for:**
 - Violence or threats
 - Drug/alcohol possession or use
 - Tampering with fire safety equipment
 - Theft or destruction of property

IX. Privacy & Room Inspections

Staff may conduct room checks with or without notice for health, safety, and rule compliance. Residents will be notified of scheduled monthly inspections.

X. Program Graduation/Transition Plan

- Exit Readiness: Residents will work with staff to develop a transition plan including housing, employment, and life skills.
- Graduation Criteria:
 - Consistent rule compliance
 - 90+ days of program participation
 - Completion of life skills or independent living goals

XI. Agreement

I, the undersigned, have read and understand the above Program Rules & House Expectations. I agree to comply with the terms and understand that failure to do so may result in warnings, suspension, or removal from the program.

Resident Name (Printed): _____

Signature: _____

Date: _____

Staff Name (Printed): _____

Signature: _____

Date: _____



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EXTENDED HOUSING NEEDS ASSESSMENT

Reason for seeking shared housing _____

Expected length of stay _____

Room preference (private or shared) _____

Accessibility needs _____

Daily living assistance required _____

EXTRA NOTES!

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INCOME & BENEFITS VERIFICATION

BE VERY ACUURATE WITH THESE ANSWERS!

Primary source of income _____

Monthly income amount _____

Benefits currently received _____

Ability to contribute toward housing costs _____

EXTRA NOTES!

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CASE MANAGER REFERRAL FORM

Referring agency name _____

Case manager full name _____

Direct phone number _____

Email address _____

Client housing goals _____

Current support services _____

EXTRA NOTES!

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EMERGENCY CONTACT & HEALTH DISCLOSURE

Primary emergency contact _____

Secondary emergency contact _____

Known medical conditions _____

Allergies _____

Medications requiring monitoring

EXTRA NOTES!

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CONFIDENTIAL RESIDENT FORM

**HOUSE RULES &
COMMUNITY STANDARDS**

Agreement to follow house rules _____

Understanding of quiet hours _____

Substance-free policy acknowledgment _____

Respect for shared spaces _____

EXTRA NOTES!

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MAINTENANCE REQUEST FORM

Area needing attention _____

Description of issue _____

Date issue noticed _____

Urgency level _____

EXTRA NOTES!

MY CONTACT

P: (229)302-9803

E: hello@reallygreatsite.com

A: 912 Barbargale Ave Albany, Ga 31705



Independent Living Shared Housing
CONFIDENTIAL RESIDENT FORM
**VISITOR & GUEST POLICY
AGREEMENT**

Understanding of visitor limitations _____

Approved visiting hours _____

Overnight guest policy acknowledgment _____

Responsibility for guest conduct _____

EXTRA NOTES!

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Independent Living Shared Housing
CONFIDENTIAL RESIDENT FORM
**MEDICATION DISCLOSURE
(OPTIONAL)**

Medications currently taken _____

Self-management capability _____

Medications requiring assistance _____

Storage acknowledgment _____

EXTRA NOTES!

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Independent Living Shared Housing
CONFIDENTIAL RESIDENT FORM
**SAFETY ORIENTATION
CHECKLIST**

Fire safety orientation completed _____

Emergency exits reviewed _____

Evacuation plan explained _____

Emergency contacts reviewed _____

EXTRA NOTES!

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BEHAVIORAL AGREEMENT

Agreement to respectful behavior _____

Conflict resolution steps acknowledgment _____

Zero tolerance policy understanding _____

Consequences of violations _____

EXTRA NOTES!

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**FINANCIAL CONTRIBUTION
AGREEMENT**

Monthly contribution amount _____

Payment schedule _____

Late payment acknowledgment _____

Financial responsibility agreement _____

EXTRA NOTES!

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CONFIDENTIAL RESIDENT FORM

**RESIDENT / PROGRAM
AGREEMENT FORM**

This Shared Housing & Independent Living Program provides a safe, structured, and supportive living environment for adults seeking stable housing while maintaining independence. Residents agree to follow all rules, policies, and expectations outlined in this agreement. Resident Responsibilities • Maintain respectful behavior toward staff and residents • Keep personal and shared spaces clean and sanitary • Follow house rules, safety guidelines, and program policies • Participate in required check-ins and program activities • Report maintenance issues or emergencies promptly

Community Conduct & House Rules • No violence, threats, harassment, or illegal activity • No illegal substances on the property • Alcohol permitted only if allowed by program policy • Respect quiet hours, guest rules, and shared spaces

Cleanliness & Maintenance Residents are responsible for personal hygiene, room cleanliness, and reporting damages immediately.

Agreement

Resident Name: _____

Signature: _____

Date: _____

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**SECURITY MONITORING &
SAFETY AGREEMENT**

Security monitoring is used to promote safety and accountability within the shared living environment.

**Security Measures • Exterior security cameras •
Monitoring of common areas only • Incident
documentation and review**

**Resident Acknowledgment • No cameras are placed in
private bedrooms or bathrooms • Monitoring operates
24/7 for safety purposes • Residents must comply with
safety procedures**

Consent

Resident Name: _____

Signature: _____

Date: _____

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CONFIDENTIAL RESIDENT FORM
SECURITY MONITORING &
SAFETY AGREEMENT

This form explains the use of security measures including cameras, safety checks, and monitoring procedures to ensure a safe living environment.

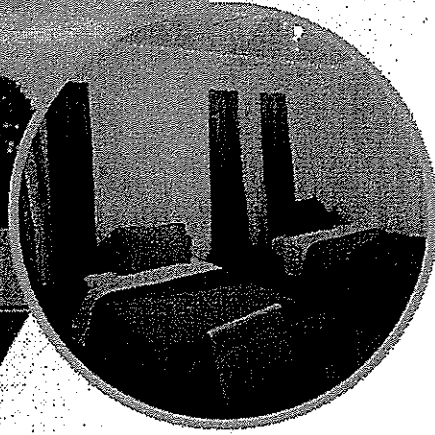
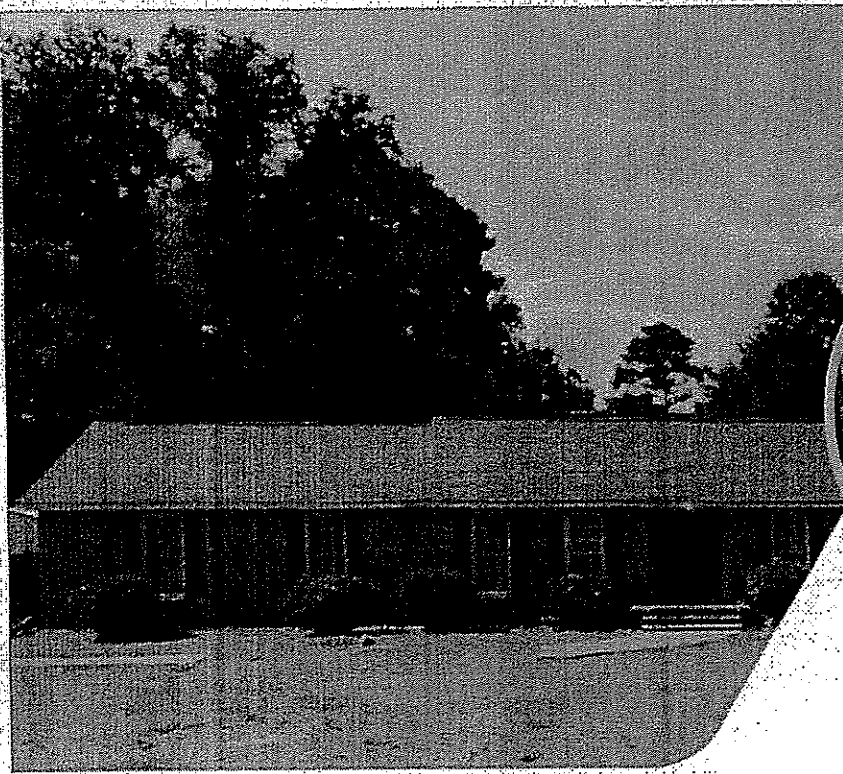
Security Feature 24/7 Security	
Cameras Common Area	
Monitoring Incident Reporting	
Procedures Emergency	
Response Protocols Guest &	
Access Control Policies	

Resident Consent & Signature

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One Love Independent Shared Living

Thank You!

Our mission is to provide safe, affordable, and supportive housing that empowers individuals to rebuild their lives with dignity and independence. We strive to create structured living environments that encourage responsibility, stability, and long-term success. Through compassion, accountability, and community support, we help residents move forward with confidence and purpose.

Our Contact Information



Phone

(229)302-9803



E-Mail

oneloveindependentliving@yahoo.com