

INSTRUCTIONS FOR SUBMISSION	
1)	Save this New House Data Input Sheet, titled "Oxford House-[House Name]."
2)	on page 4 "SIGNATURE" , print this sheet, and have the members sign it.
3)	Obtain a properly signed copy of the lease .
4)	Obtain the house photo that will be featured online as an image document, (JPEG or PNG).
5)	<b>Submit, in an email to <a href="mailto:Office@friendsofrecovery.com">Office@friendsofrecovery.com</a> The subject line to read:</b> <b>State-House Name-Date</b> <b>Ex: NC-BATTLERIDGE-10/1/17</b> <b>Include the following items :</b>
a)	New house Data Input sheet
b)	Signature sheet
c)	Lease
d)	House photo
e)	Loan Paperwork, if taking a loan from FORA

<b>Oxford House Inc.</b>			
<b>NEW HOUSE DATA INPUT SHEET</b>			
<b>No Start-up Loan - Conditional Charter Application Only</b>			
Please enter today's date:			
<b>Please review and answer each question below:</b>			<b>Yes/No</b>
Will there be at least six (6) recovering individuals in the house?			
Will the house be financially self-supporting?			
Will any resident who relapses be immediately expelled?			
Will the house be democratically run by the residents?			
<b>PERSON COMPLETING THIS APPLICATION</b>			
Contact Name		Contact Phone	
Address		Contact Email	
		@friendsofrecovery.com	
City	State	Zip	Relationship to Applicants
	Kansas		Outreach Coordinator
<b>LANDLORD INFORMATION</b>			
Name of Landlord			
Address of Landlord			
City	State	Zip	
Landlord Email		Landlord Phone Number	
<b>HOUSE INFORMATION</b>			
Name of Proposed House			
Date House Opens		House FEIN	
Street Address			
City	State	Zip	
	Kansas		
House Email		House Phone Number	County
@oxfordhouse.us			

<b>Gender</b> (e.g., men, women, women/children, men/children)		Term of the lease? (in years)	
Number of <b>bedrooms</b>		Is there a rent increase/escalation built into the lease? YES/NO	
How many <b>RESIDENT BEDS</b> will the house have?			
Number of <b>baths</b>			
Total Square Footage		What is the <b>monthly rent</b> ?	
What type of heating? (Gas, electric, etc.)		What is the <b>security deposit</b> ?	
What type of cooking? (Gas, electric, etc.)		Any other fees, (e.g., maintenance deposit)? If so, how much?	
Is the house single family/detached? (Yes/No)		Estimated <b>electricity</b> cost per month	
Is there a full kitchen?		Estimated <b>gas/oil</b> cost per month	
Is there a basement?		Estimated <b>water</b> cost per month	
Are there resident rooms in the basement?		Estimated <b>cable/Internet</b> cost per month	
Is there an exit from the basement? (If NO, then no one may live there.)		Estimated cost of <b>house supplies</b> per month	
What is the proposed <b>EES per resident per WEEK</b> ?		How much money do you plan to set aside as a <b>monthly surplus</b> ?	
House Meeting day & time:		What is the <b>required entry fee</b> ?	
Does the house belong to a chapter?		If YES, what are the <b>monthly chapter dues</b> ?	
If YES, what is the name of the chapter?			

HOUSE APPLICANTS	
<b>Applicant A</b>	
Name	Telephone
<b>Applicant B</b>	
Name	Telephone
<b>Applicant C</b>	
Name	Telephone
<b>Applicant D</b>	
Name	Telephone

# Oxford House, Inc.

## CONDITIONAL CHARTER APPLICATION

FEIN	NAME OF PROPOSED HOUSE	Case Number (OHI)

**We, the undersigned applicants, desiring to open a new Oxford House, agree to abide by the following conditions:**

- \* We certify that we are in recovery from addiction to alcohol and/or drugs
- \* The house will have at least six (6) residents in recovery
- \* We will IMMEDIATELY EXPEL and resident who relapses into using drugs or alcohol
- \* The house will be democratically self-run by the residents
- \* The house will be financially self-supporting

Name & Signature - Applicant A:	0	Date:
Name & Signature - Applicant B:	0	Date:
Name & Signature - Applicant C:	0	Date:
Name & Signature - Applicant D:	0	Date: