



Arizona Opportunities
Industrialization Center
39 E. Jackson St., Phoenix, AZ 85004
602-513-8311 | www.azoic.org

SULLIVAN’S PLACE RESIDENT APPLICATION

Full Name: _____

Date of Birth: _____ SSN: _____

Contact Information: Telephone Number Email Address Other (please describe)

Family Information: Single Married Living with Children

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Location and description of last residency or shelter:

Do you have any felony convictions? YES / NO

If yes, please list accounts and describe outcomes:

In which military branch did you serve? _____

Beginning date: _____ to discharge date: _____

Type of Discharge Received: _____

Do you have a service related disability? YES / NO

If yes, please describe:

Do you receive any compensation from the military? YES / NO

If yes, please describe amount and type:

Do you have any mental disabilities or ailments? YES / NO

If yes, please describe diagnoses, treatment, and the accommodations you require:

Are you currently employed? YES / NO

If yes, please provide job title, company name, length of employment, wage, and annual income:

Checklist of required supporting documents:

- Copy of State Issued Identification
- Copy of DD214 or Awardance Letter
- Copy of Paycheck/Direct Deposit/Earnings Statement, etc. (if applicable)
- Recommendation from Non-Relative
- Copy of Mental/Physical History (if applicable)