



*Application must be filled out by applicant **ONLY**. Please hand-write neatly; do not type.*

**Date:** \_\_\_\_\_

**I. Personal**

Please circle one: Male or Female

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Cell (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status:     Single     Engaged     Married     Widowed     Separated     Divorced

Do you have any children?             Yes     No

(If yes), what are their names and ages? \_\_\_\_\_

Who should we contact in the case of an emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Cell (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Who has agreed to be your sponsor?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Cell (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you learn about His Mansion? Please circle one (or more if applicable):

His Mansion Website – Facebook – Instagram – Family – Friend – Former His Mansion Resident – His Mansion Presentation  
Therapist – Counselor – Church – Other? Please explain:

**II. Family**

Parent(s) or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Cell (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Parents' Marital Status:  Single  Engaged  Married  Widowed  Separated  Divorced

First name and age of your brothers and sisters: \_\_\_\_\_

Are you adopted?  Yes  No

(If yes) When were you adopted? \_\_\_\_\_

Have you lived in a foster home?  Yes  No

(If yes) When? \_\_\_\_\_ For how long? \_\_\_\_\_

**III. Education**

List all High Schools, Colleges, Universities or Bible Schools you have attended:

<u>School Name</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Grad. Date</u>
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Degrees: \_\_\_\_\_

**IV. Occupation**

Are you currently employed?  Yes  No

(If yes) Name of company: \_\_\_\_\_

Your position: \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_  Full-time  Part-time

Approximately how many other jobs have you had? \_\_\_\_\_

Have you been in the military?  Yes  No (If yes) For how long? \_\_\_\_\_

**V. Physical, Emotional, Mental, and Behavioral History**

*The following information is necessary in order for us to understand the care you need. Please answer honestly. Unwillingness to disclose the following information may disqualify you from entering the program. Please give brief explanations to any item you mark yes; use additional paper as necessary.*

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

1. Do you have any medical conditions or health issues? (E.g. Diabetes, heart problems, etc.)  Yes  No

(If yes) Explain: \_\_\_\_\_

2. Have you been given any diagnosis by a mental health professional?  Yes  No

(If yes) What is the diagnosis? \_\_\_\_\_

3. Are you taking medication under a doctor's direction?  Yes  No

(If yes) What is the medication and dosage? \_\_\_\_\_

\_\_\_\_\_

4. Have you ever been diagnosed as physically or mentally challenged?  Yes  No

(If yes) Explain: \_\_\_\_\_

5. Is your diet restricted?  Yes  No

(If yes) Explain: \_\_\_\_\_

6. Do you have any allergies? (E.g. food, seasonal, animal, etc.)  Yes  No

(If yes) Explain: \_\_\_\_\_

7. Do you now or have you ever experienced problems with your back?  Yes  No

(If yes) Explain: \_\_\_\_\_

8. Do you have health problems that hinder you from doing any physical work, including heavy lifting?  Yes  No

(If yes) Explain: \_\_\_\_\_

9. Have you ever had an eating disorder? (Anorexia, Bulimia, etc.)  Yes  No

(If yes) Explain: \_\_\_\_\_

10. Have you ever had a problem with substance abuse?  Yes  No

(If yes) Explain: \_\_\_\_\_

\_\_\_\_\_

11. Have you ever been involved in a same-sex experience?  Yes  No

(If yes) Explain: \_\_\_\_\_

12. Have you ever been involved in a cult or involved in occult activities?  Yes  No

(If yes) Explain: \_\_\_\_\_

13. Have you ever been hospitalized for emotional or behavioral problems?  Yes  No

(If yes) Explain: \_\_\_\_\_

a. How many times have you been hospitalized? \_\_\_\_\_

b. What were the dates of each hospitalization? \_\_\_\_\_

14. Have you ever attempted suicide?  Yes  No

a. When was your most recent attempt? \_\_\_\_\_

b. How many times before did you attempt suicide? \_\_\_\_\_

15. Have you ever been hospitalized for thoughts of suicide?  Yes  No

(If yes) Explain: \_\_\_\_\_

16. Do you have a history of self-harm?  Yes  No

(If yes) Explain: \_\_\_\_\_

17. Do you have a history of violent behavior?  Yes  No

(If yes) Explain: \_\_\_\_\_

18. Have you ever been abused physically or sexually?  Yes  No

(If yes) Explain: \_\_\_\_\_

19. Have you had any exposure to pornography?  Yes  No

(If yes) Explain: \_\_\_\_\_

20. Have you ever had a problem with sexual addiction?  Yes  No

(If yes) Explain: \_\_\_\_\_

## VI. Financial

1. Are you paying child support?  Yes  No

(If yes) Explain: \_\_\_\_\_

a. How do you plan to manage this child support if in the program? \_\_\_\_\_

\_\_\_\_\_

2. Do you have any outstanding bills or debts?  Yes  No

(If yes) Explain: \_\_\_\_\_

a. How do you plan to manage these bills/debts if in the program? \_\_\_\_\_

\_\_\_\_\_

3. Are you receiving government assistance?  Yes  No

(If yes) Explain: \_\_\_\_\_

4. Do you have medical or health insurance?  Yes  No

(If yes) Explain: \_\_\_\_\_

**VII. Church Information**

1. Names and/or types of churches that you attended while growing up, if any: \_\_\_\_\_  
\_\_\_\_\_
2. How old were you when you attended? \_\_\_\_\_
3. Name and location of the local church that you attend now, if any: \_\_\_\_\_  
\_\_\_\_\_
  - a. How long have you been attending there? \_\_\_\_\_

**VIII. Program Expectations and Requirements**

1. Have you read the **Program Expectations and Requirements**?  Yes  No
2. Are you willing to abide by the **Program Expectations and Requirements**?  Yes  No

**IX. Statement of Faith**

*Our program is Christ-centered and is structured to help men and women in their relationship with Christ. Please read our **Statement of Faith**.*

- Have you read our **Statement of Faith**?  Yes  No

**X. Short Essays**

*Carefully read the following questions and answer them honestly and thoughtfully. All answers must be completed on separate paper. Do not write answers on this form. Answers must be completed thoroughly. Applications with incomplete answers will **not** be considered for review.*

1. How would you describe your relationship with God?
2. Describe your past and present relationship with your mother and father (do this separately for each parent).
3. If you are engaged, married, or divorced, please describe your current relationship with your fiancé, spouse, or ex-spouse.
4. What is your reason for wanting to come to His Mansion?
5. What character qualities do you want help changing if you come to His Mansion?
6. If you have been convicted of a crime, please explain the circumstances. If you have ever been incarcerated, please explain the circumstances. If you are currently on probation or parole, please explain the details.

**Please read the following statement and sign below.**

*I affirm that all the information on this application is true and correct. I understand that the falsification or withholding of any information on this form is grounds for dismissal from the His Mansion program.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE MAIL YOUR APPLICATION TO:  
(Please note that extra postage may be required)**

His Mansion Ministries  
Resident Application  
P.O. Box 40  
Hillsborough, NH 03244

**Faxed or emailed applications will not be accepted.**

**If you have not received a call within 7 to 10 days of sending in your application, contact the Intake Coordinator at (603) 464-5555 (ext. 10) to check on the status of your application.**



## Sponsor Commitment Form

His Mansion Ministries  
Intake Coordinator  
P.O. Box 40  
Hillsborough, NH 03244  
603.464.5555

His Mansion Ministries requires that every resident in our residential program have a “sponsor.” Sponsors support the residents during their time in the program. Sponsorship includes partnering with His Mansion towards the goal of health and healing in Jesus Christ for the resident. This partnership includes prayerfully supporting the resident on his or her journey, communicating with the resident throughout the year by way of encouragement and support, communicating with the ministry about the resident and his or her progress, cooperating with the ministry about resident care issues, and providing for the resident’s financial needs (including medical) while in the program. His Mansion does not charge the resident for the ministry that we offer, although being at His Mansion is not without a cost. During the time a resident is in our program, his or her sponsor agrees to provide for any personal expenses.

The following is a list of responsibilities that His Mansion **requires** a sponsor to assume on behalf of a resident:

1. Faithfully and prayerfully uphold the resident in prayer during his or her time in the program.
2. Encourage the resident through written correspondence and/or telephone calls.
3. Medical: Responsibility for all medical expenses. If the resident is on medication and not covered by health insurance, prescription refills and medication management costs will also need to be covered.
4. Individual Travel Deposit: Return travel fare (back to the original point of departure) must be placed on deposit by the day of intake. **Please understand that our program is voluntary and at-will. As such, a resident may be asked to leave or may choose to leave the program prematurely** (i.e. before graduation or completion of the program). If this occurs, plans for his or her departure will be initiated immediately and the resident will be processed out of the community as soon as is practical. ***Accordingly, residents must have travel funds available on hand to cover the immediate purchase of one of the following: bus, train, or airline ticket for travel back to the original point of departure.*** The travel deposit will be a **minimum of \$200** and the total amount will be calculated on a case by case basis, depending on the destination. The ministry will hold this travel deposit and only His Mansion staff will use this money when and as needed in order to safely release a resident. Excess or remaining funds will be credited back to the sponsor. ***Sponsors also agree to receive the resident back upon his or her release or decision to leave the program.***
5. Initial Funds: A total of \$325 plus the individual travel deposit must be received before the resident arrives on the property. ***Checks must be made out to the resident.*** The \$325 is broken down as follows:
  - \$100.00 initial deposit into the resident’s general account
  - \$100.00 initial deposit into the resident’s medical account
  - \$125.00 non-refundable administrative fee which covers educational materials and safety equipment

This \$325 *plus the individual travel deposit* must be received before a resident may enter the program.

**Sponsor Commitment Form**

6. Ongoing Financial Support: The resident will need between \$50 and \$75 per month for general funds. In addition, residents may have continuing medical needs or expenses. Ongoing support checks should be made payable to the resident but sent to the attention of the Program Administrator.

Residents do not hold any money themselves; all finances are maintained through the Office. **All checks must be made out to the resident, not His Mansion.** The resident will endorse the check over to His Mansion and the money will be deposited and credited to the resident's account. Checks may be sent any time *after* a resident has been accepted and given an arrival date.

Sponsor Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Cell (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

How can you best be reached during the day? \_\_\_\_\_

RESIDENT NAME: \_\_\_\_\_ Relation to Resident: \_\_\_\_\_

*Note: If you are serving as the contact person for a sponsoring organization, such as a church or ministry, please provide the name of the organization: \_\_\_\_\_*

**Sponsor: I, \_\_\_\_\_, hereby affirm that I have read and understand the foregoing sponsorship commitments and requirements, and I am in agreement with them. Accordingly, I pledge to sponsor \_\_\_\_\_ while he/she is enrolled in His Mansion's residential program.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_