

# Oxford House Florida Reentry Association Move-in Fee Application

Name of Applicant

Move-in Date:

Oxford House Name & Address, City:

## House President

Name:

Contact Number:

Date of Incarceration:

Release Date:

**Reason for needing assistance :**

**Action Plan:** (describe what you are doing to become financially stable)

**Person Completing this form:**

Full Name:

Date Completed:

***Please forward this document to re-entry@oxfordhouse.us***