



# Oxford House "Conditional Charter" Application

Oxford Houses are self-run, self-supported recovery homes made up of at least six individuals recovering from alcohol and/or other drug addictions. Oxford House World Services is a non-profit organization that serves as the umbrella organization for the national network of Oxford Houses throughout the United States. Individuals may file this application to Oxford House World Services for a charter for no charge, but the following charter conditions must be met:

- Oxford Houses must accommodate a minimum of six persons
  - Oxford Houses Must Expel Relapsers Immediately.
- Oxford Houses Must Be Democratically Run by the Residents
  - Oxford Houses Must Be Financially Self-Supported.

Subject to the terms and conditions below, a "Conditional Oxford House Charter" will be immediately provided for 90 days during which time the house must demonstrate that it is organized and operating according to the conditions above:

Please complete this two-page application carefully:

INFORMATION ABOUT YOUR HOUSE:

Name of House \_\_\_\_\_  
(You must verify the name availability with Oxford House World Services before signing a lease or submitting this form - please call 1-800-689-6411 to reserve the name)

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

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

Telephone (            ) \_\_\_\_\_ Fax (            ) \_\_\_\_\_

Applicants (Oxford Houses require a minimum of six residents in each house - however, four or more may apply for a charter)

Name of Applicant	Telephone
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Where did you learn about Oxford House:

- State Agency                       AA/NA                       Rehabilitation Center  
 Other

The Oxford House Registry must be completed as part of this application. When this application and a **signed original lease** are received by the World Services Office, a "conditional charter" and start up kit will be mailed to the contact person listed on this application. The start up kit will contain the requirements for obtaining a "permanent charter" at the end of 90 days.

Case# (for office use only) \_\_\_\_\_

**Oxford House "Conditional Charter" Application, Page 2**

**Commitment and Signatures:**

**By signing below, each Applicant agrees to abide by the conditions of the Oxford House Charter:**

- The House must accommodate a minimum of six residents
- The House must expel relapsers immediately
- The House must be democratically run
- The House must be financially self supported

Applicant Signatures

1.	_____	Date
2.	_____	Date
3.	_____	Date
4.	_____	Date
5.	_____	Date

This application will be acted upon by the Oxford House World Services Office within 30 days of its receipt. Please be sure to provide the name and number of a contact person below in case there are questions concerning this application:

**Contact Person:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Telephone: (        ) \_\_\_\_\_ Evening Telephone (        ) \_\_\_\_\_

A signed ORIGINAL copy of your house lease must accompany this application (if one was not sent with the loan application). The lease must be signed in the name of the house by one individual (John Doe for and on behalf of Oxford House 3<sup>rd</sup> Street, for instance). Leases signed in any other fashion will not be acceptable.

**Return application and lease to:**

**Oxford House World Services, 1010 Wayne Avenue** Case # \_\_\_\_\_ (for Ofc Use Only)  
**Spring MD 20910 (301) 587-2916 or 1-800-451-1111**

**Oxford House Registry**  
(this form must accompany Charter Application)

\_\_\_\_\_

**House Name** (reserve name by calling 1-800-689-6411)

\_\_\_\_\_

**Address**

\_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

\_\_\_\_\_

**County** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

This house is for

Men \_\_\_\_\_ Women \_\_\_\_\_ Women/Children \_\_\_\_\_

This report was prepared by:

\_\_\_\_\_

**Tell us about your house:**

Type: Detached \_\_\_\_\_ Duplex \_\_\_\_\_ Row \_\_\_\_\_ Condo \_\_\_\_\_ Apt \_\_\_\_\_ . No. of Bedrooms \_\_\_\_\_ No. of Baths \_\_\_\_\_ No. of Kitchens \_\_\_\_\_

Garage: # of spaces \_\_\_\_\_ Other Parking spaces: \_\_\_\_\_ . Do you have a basement? \_\_\_\_\_ Is there an exit from the Basement? \_\_\_\_\_

Patio/Grounds size \_\_\_\_\_ . Cooking Stove: Electric \_\_\_\_\_ Gas \_\_\_\_\_ . Heating: Electric \_\_\_\_\_ Gas \_\_\_\_\_ Fuel Oil \_\_\_\_\_ .

Check Appliances you have: Stove/Range \_\_\_\_\_ Oven \_\_\_\_\_ Refrigerator \_\_\_\_\_ Freezer \_\_\_\_\_ Dish Washer \_\_\_\_\_ Smoke Alarms \_\_\_\_\_ Air Conditioning \_\_\_\_\_ .

Proximity to Public Transportation \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ Telephone/FAX \_\_\_\_\_

**Tell us about your Lease and Cost:**

Terms of Lease (no. of years) \_\_\_\_\_ . Is your lease renewable? \_\_\_\_\_ . Monthly Rent \_\_\_\_\_ . Security Deposit \_\_\_\_\_ .

Is there an Escalator Clause? \_\_\_\_\_ . % of Increase each year \_\_\_\_\_ . Maximum Tenant Repair Liability \_\_\_\_\_ .

Required Security Deposits for Utilities:

Gas \_\_\_\_\_ . Fuel Oil \_\_\_\_\_ . Electric \_\_\_\_\_ . Telephone \_\_\_\_\_ . Water \_\_\_\_\_ Other \_\_\_\_\_

Estimated Cost of Utilities Per Month (if available):

Gas \_\_\_\_\_ . Fuel Oil \_\_\_\_\_ . Electric \_\_\_\_\_ . Garbage \_\_\_\_\_ . Telephone \_\_\_\_\_ . Water \_\_\_\_\_ . Other \_\_\_\_\_ .

**Tell us About Your House Program:**

# of Adult Beds (must have minimum of six) \_\_\_\_\_ . Proposed Rent per person per week \_\_\_\_\_ . Sobriety Deposit Required \_\_\_\_\_ .

Did your house get a start up loan? \_\_\_\_\_ . Source of start up loan \_\_\_\_\_ . Amount of Loan \_\_\_\_\_ .

Day and Time of House Meeting: \_\_\_\_\_ .

Does your house belong to a chapter? \_\_\_\_\_ . Has the chapter inspected your house? \_\_\_\_\_

**Return with Charter Application to**  
**Oxford House Inc. 1010 Wayne Avenue, #400, Silver Spring MD 20910**