ARIZONA DEPARTMENT OF HEALTH SERVICES
LICENSING

SOBER LIVING HOME
Behavioral Health Facilities Licensing
150 N. 18th Avenue, Suite 420, Phoenix, AZ 85007
P: 602-542-3422
E: BehavioralHealth.Licensing@AzDHS.Gov

OWNER ATTESTATION FORM

Pursuant to R9-12-103(A)(5), if the premises for the proposed sober living home are leased, this form must be signed by the owner or authorized legal representative of the owner and submitted as part of the initial application for licensure.

APPLICANT INFORMATION

Full Legal Name of Applicant (Individual or business organization requesting a license)

PROPOSED SOBER LIVING HOME INFORMATION

Name of Proposed Sober Living Home, if applicable		
Street Address of Proposed Sober Living Home		
City	State	Zip Code

PROPERTY OWNER INFORMATION

Full Legal Name of Owner of the Physical Address of Proposed Sober Living Home (Individual or business organization who owns property)	
Full Legal Name of Authorized Legal Representative of Owner of Physical Address of Proposed Sober living Home, if Applicable	
Email Address	Phone Number (XXX) XXX-XXXX

PROPERTY OWNER AUTHORIZATION

I attest that I own the premises of the proposed sober living home listed above, or I am an authorized legal representative of the facility ownership listed above, and I authorize the Applicant to operate a sober living home on the premises.

_____ _____

Signature of Property Owner(Actual Signature or E-Signitures Accepted / No Typing) Date Signed