



Application to stay in the Lamb House

Date: _____

Responsible Adult / Head of Household: _____

Physical Address: _____
Street Town

Mailing Address: _____
Street/PO Box Town ZIP

Cell phone number: (_____) _____

Reason for requesting to stay in the Lamb House: _____

Referred to Lamb House by: Agency: _____

Agency Contact person: _____ Phone: _____

Section B: Other Residents

Name	Age	Relationship to head of household

Return application to: The Lamb House, PO Box 355, Cherryfield, ME 04622