



**Relationship Application & Inquiry Form**

**Section 1**

<hr/>	
	Age
<hr/>	<hr/>
Name (Last, first, middle initial, maiden name (if applicable))	Other names (list aliases)
<hr/>	<hr/>
Street address, City, State	Occupation (Students must answer section 3*)
<hr/>	<hr/>
Primary phone number   ALL other phone numbers	Side-jobs/Side-hustles
<hr/>	<hr/>
Marital Status (Married/ Single/ Separated/ It's really complicated/ Divorced) Don't even think about lying	Next of kin

**Section 2**

**What do you want from me?**

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**Describe me using one word**

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**Describe yourself using one word**

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**Why do you think we are compatible?**

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**Personal goals**

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Section 3

**Vocational goals**

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**5-year vocational plan**

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**10-year vocational plan**

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**Are you a mentor/mentee or both?**

**Name of vocational mentor:**

**Name of spiritual mentor:**

**Name of childhood hero (Fictional and Real):**

Section 4

**Relationship goals**

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Relationship history

**How many people have you dated?**

**Why did your last relationship end?**

**Are you over it?**

**Name of last girlfriend? Can I contact her? (joking)**

**Am I a rebound?**

**Duration of longest relationship?**

**Duration of shortest relationship?**

**Long-distance relationship experience? Yes/No**

Sexual experience

**Virgin or nah?**

**IF virgin, please explain**

**If nah, please explain (include the magic #)**

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**Have you ever been cheated on?**

**What are your views on cheating?**

**Views on pre-marital sex**

**Views on making out**

**Views on kissing**

**Views on abortions**

**Views on sexting**

**View on marriage**

**Views on polygamy**

**Views on divorce**

**Views on physical abuse**

**Views on piercings and tats**

**Views on the correct squeeze techniques of toothpaste tubes**

**Views on sharing personal items such as toothbrushes and towel**

**Views on the allocation of household chores**

**Views on work-life balance**

## **Section 5**

**Do you want children?**

**If yes, how many?**

**Time spent on social media each day?**

**How do you deal with stress?**

**What would you do if you lost your job?**

**If you won \$50 million, what would you buy first? (Nope, don't revise, write the first thing that popped into your mind)**

**Are you a spender or saver or giver?**

## **Section 6**

Have you ever committed any of the following:

**Rape/sexual violence**

**Domestic violence**

## Substance use/abuse

	(Yup)	(Nah)
Crack	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>
Meth	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>
Subscription pills	<input type="checkbox"/>	<input type="checkbox"/>
Other Hallucinogens*	<input type="checkbox"/>	<input type="checkbox"/>
Weed	<input type="checkbox"/>	<input type="checkbox"/>
Cigars	<input type="checkbox"/>	<input type="checkbox"/>
Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>
E-cigarettes	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>

\*Please explain:

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## Have you ever been involved in fraud?

	(Yup)	(Nah)
Corporate fraud	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>
Phone	<input type="checkbox"/>	<input type="checkbox"/>
Traditional con-man/woman	<input type="checkbox"/>	<input type="checkbox"/>

## Section 7

- 1) \_\_\_\_\_ **How would you break up with someone?**
  - a. Ghost-mode/Incommunicado
  - b. Straight up. I wouldn't want to waste anyone's time
  - c. With a gift
- 2) \_\_\_\_\_ **Chances of discovering you have a child you are unaware of?**
  - a. Very likely
  - b. Very unlikely
  - c. Impossible

- 3) \_\_\_\_\_ **One night stands**
- a. Once
  - b. Twice
  - c. Never
  - d. Will disclose upon consideration
- 4) \_\_\_\_\_ **How long do you intend to be in this relationship?**
- a. Well, it depends
  - b. A month, maybe
  - c. Till I get the cookie
  - d. Till death do us part

Attach additional documentation that may validate claims above, if applicable

**For Administrative Use Only:**

_____	_____
	Date received
Action taken	_____
_____	Date
_____	_____
Privacy Official signature	Date
_____	_____