



RESIDENTIAL APPLICATION INDEPENDENT LIVING

PERSONAL DATA

HEAD OF HOUSEHOLD: PLEASE PRINT

NAME _____ TELEPHONE _____
First M.I. Last Area Code/Number

SOCIAL SECURITY NO. _____ BIRTHDATE _____

CURRENT ADDRESS _____
Street Apt. # City State Zip

E-MAIL ADDRESS (OPTIONAL) _____

RENT/OWN (CIRCLE ONE)

If RENT, complete: _____
Landlord/Manager Name

Landlord/Manager Address _____

Dates of Occupancy: From _____ To _____

SPOUSE/CO-HEAD:

NAME _____ TELEPHONE _____
First M.I. Last Area Code/Number

SOCIAL SECURITY NO. _____ BIRTHDATE _____

CURRENT ADDRESS _____
Street Apt. # City State Zip

RENT/OWN (CIRCLE ONE)

If RENT, complete: _____
Landlord/Manager Name

Landlord/Manager Address _____

Dates of Occupancy: From _____ To _____

Please list all previous addresses where you have lived during the past FIVE years (if any):
(Use additional sheet if necessary.)

Street Address Apt. #

City State Zip

From _____ To _____

Rent/Own (Circle One)
If Rent, complete:

Landlord/Mgr: _____

Address: _____

FINANCIAL DATA – APPLICANT 1

NAME _____

Please indicate in estimated round figures your financial condition. The Villas asks for a resume of your condition so that it might have assurances that your life in the retirement community be happy and worry-free in the full knowledge that your finances are such as to provide the necessary funds for your needs over the years. All information on your financial status will be held in strictest confidence. **Copies of financial documents, i.e. bank statements, life or annuity policies, etc, will be required prior to move-in.**

ASSETS:

Bank Deposits

Checking \$ _____

Savings Accounts..... \$ _____

Certificates of Deposit \$ _____

Stocks and Bonds

Approximate Value... .. \$ _____

Life Insurance

Cash surrender value \$ _____

Real Estate Estim. Equity..... \$ _____

TOTAL ASSETS..... \$ _____

LIABILITIES:

Home Mortgage Bal ... \$ _____

Installment Pymts..... \$ _____

Other.....\$ _____

TOTAL LIABILITIES... \$ _____

MONTHLY INCOME:

Social Security \$ _____

Pension or Retirement... \$ _____

Annuities..... \$ _____

Life Estate..... \$ _____

Interest Income and/or

Dividends \$ _____

Other \$ _____

TOTAL

MONTHLY INCOME..... \$ _____

Please indicate which of the above (if any) are subject to cost of living increases. _____

Does someone other than you administer your finances and/or obligations? _____ Yes _____ No

Name _____

Address _____

City _____ ST _____ Zip _____

Telephone Home _____ Business _____

Is this persona a _____ Guardian _____ Trust Officer _____ Power of Attorney

_____ Attorney _____ Relative _____ Other (explain)

FINANCIAL DATA – APPLICANT 2

NAME _____

Please indicate in estimated round figures your financial condition. The Villas asks for a resume of your condition so that it might have assurances that your life in the retirement community be happy and worry-free in the full knowledge that your finances are such as to provide the necessary funds for your needs over the years. All information on your financial status will be held in strictest confidence. **Copies of financial documents, i.e. bank statements, life or annuity policies, etc, will be required prior to move-in.**

ASSETS:

Bank Deposits
 Checking \$ _____
 Savings Accounts..... \$ _____
 Certificates of Deposit \$ _____

Stocks and Bonds
 Approximate Value... .. \$ _____

Life Insurance
 Cash surrender value \$ _____

Real Estate Estim. Equity..... \$ _____

TOTAL ASSETS..... \$ _____

LIABILITIES:

Home Mortgage Bal ... \$ _____
 Installment Pymts..... \$ _____
 Other.....\$ _____
TOTAL LIABILITIES... \$ _____

MONTHLY INCOME:

Social Security \$ _____
 Pension or Retirement... \$ _____
 Annuities..... \$ _____
 Life Estate..... \$ _____

Interest Income and/or
 Dividends \$ _____
 Other \$ _____

**TOTAL
 MONTHLY INCOME..... \$ _____**

Please indicate which of the above (if any) are subject to cost of living increases. _____

Does someone other than you administer your finances and/or obligations? _____ Yes _____ No

Name _____

Address _____

City _____ ST _____ Zip _____

Telephone Home _____ Business _____

Is this persona a _____ Guardian _____ Trust Officer _____ Power of Attorney
 _____ Attorney _____ Relative _____ Other (explain)

EMERGENCY CONTACTS – List names, addresses and phone numbers of three relatives or friends who generally know how to contact you:

1. Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell _____

Address _____ City _____ State _____ Zip _____

3. Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell _____

Address _____ City _____ State _____ Zip _____

Do you smoke tobacco products? _____ yes _____ no

Have you or any other household member ever been convicted of a felony? _____ Yes _____ No

If Yes, please explain:

Name: _____ Date: _____

Details: _____

Have you or any other household member ever been evicted from a rental unit? _____ Yes _____ No

If Yes, please explain:

Name: _____ Date: _____

Details: _____

How did you hear about The Villas?

- | | |
|--|------------------------------------|
| _____ Current resident or resident family member | _____ Government agency |
| _____ Friend | _____ Advertisement (where?) _____ |
| _____ Villas employee | _____ _____ |
| _____ Religious organization | _____ Other _____ |

Please indicate your preference of apartment type:

- | | |
|-------------------------------|--------------------------------------|
| _____ 1 Bedroom Basic | _____ 2 Bedroom |
| _____ 1 Bedroom Bay window | _____ 2 Bedroom/Balcony/Patio |
| _____ 1 Bedroom/Balcony/Patio | _____ 2 Bedroom/Corner Balcony/Patio |
| _____ Octagonal | |
| _____ Octagonal w/Porch | |

Floor Preference _____ Any _____ 1st Floor _____ 2nd Floor _____ 3rd Floor

I understand that The Villas at St. Therese Independent Living is a "housing-only setting" and as such does not provide services to assist residents in their daily basic needs as follows:

- | | |
|-----------------------|------------------|
| Transportation | Meds Reminders |
| Cleaning/Housekeeping | Lease Compliance |
| Meals | Rule Compliance |
| Personal Hygiene | |

In the event that I require assistance with any of the above, I understand that I am responsible for procuring the appropriate party(s) to render these services.

We consistently uphold a Resident Privacy Policy. Therefore, we do not monitor resident activity beyond lease compliance nor check on residents for family members.

APPLICANT(S)' CERTIFICATION AND CONSENT TO RELEASE OF INFORMATION

I/we authorize the owner/management to verify all information provided on this application and to contact previous and/or current landlords or other sources for credit and/or criminal history. I/we understand that our information will be kept confidential. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand false statements could result in this application being rejected

Signature of Head of Household: _____ Date _____

Signature of Spouse/Co-Head: _____ Date _____

The Villas at St. Therese does not discriminate in any way based upon a person's race, color, sex, national origin, handicap



status, religion, familial status, or disability.