**PRE - APPLICATION FORM** Date of Application

**APPLICANT INFORMATION:**

**NAME:** Last name First Middle Age Date of Birth

Social Security Number

Co-applicant (if applicable) Age Date of Birth

Social Security Number

Current Address TELEPHONE NUMBER

City State ZIP Code

Email Address

**ASSISTED LIVING FLOOR/APARTMENT PREFERENCE**

Studio  Deluxe Studio  One Bedroom (two people given preference)

**PARKING SPACE REQUIRED:**  Yes  No

**Have you ever had problems with the following: If you have checked Yes, please explain.**

Complying with a lease and/or house rules  Yes  No

Complying with Federal, State or Local laws

(including controlled substance abuse)  Yes  No

Destruction of property  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If there is insufficient verification available from landlords or employers, other references may be furnished and accepted along with written authorization to contact any and all reference sources.**

**PLEASE LIST ALL RESIDENCES FOR THE PAST FIVE YEARS** (You may list additional previous landlords on a separate sheet if necessary)

1. Name of current landlord, if applicable

Address of current landlord \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number

Dates of Occupancy: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Moving

**\*** Are you currently subsidized?  Yes  No. If yes, what type of subsidy? Project-based or City voucher (circle one)

1. Name of previous landlord, if applicable

Address of next previous landlord \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number

Dates of Occupancy: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Moving

**PLEASE LIST ALL THE STATES IN WHICH APPLICANT(S) AND ALL HOUSEHOLD MEMBERS HAVE RESIDED IN THE LAST 5 YEARS:**

**(include current State):**

Have you ever evicted in the past ten years?  Yes  No

Have you been convicted of a felony?  Yes  No

Is Applicant(s) subject to state lifetime sex offender registration?  Yes  No

In accordance with HUD financial requirements, The Towers requires you to provide a summary of your income, assets and liabilities so that we can determine whether you meet the income requirements of this facility and what resources you have available to pay for the services of the facility. Please be advised that HUD may verify the information provided by you with the IRS.

Applicant’s Name:

(Note if more than one applicant list both names)

Address

Street City State ZIP Code

Telephone Number Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work

“Did you dispose of any assets during the past two years for less than fair market value?”  Yes (total of amount:) \_\_\_\_\_\_\_\_\_\_  No

INCOME: Most current Financial Information (required by HUD)

\*Combine totals for all categories except for Social Security and Pension, which must be listed separately for each applicant.

Monthly Income Asset Value

Applicant:

Social Security Gross Benefit Amount

Medicare Deduction

Social Security – Net Amount of Check

Private Pension - Gross Amount

Private Pension – Medicare Reimbursement

Private Pension – Net Amount of Check

Co-Applicant:

Social Security Gross Benefit Amount

Medicare Deduction

Social Security – Net Amount of Check

Private Pension - Gross Amount

Private Pension – Medicare Reimbursement

Private Pension – Net Amount of Check

Annuities (copy of last statement)

Disability Insurance

Checking Account Balance (6 month Average)

Checking Account Interest Rate

Savings Account Current Balance

Savings Account Interest Rate

CDs - Balance and Interest Rate

Money Market Balance and Interest Rate

Dividends Last Quarter

Trust Income/Asset Value

Alimony

Life Insurance (cash value)

Real Estate

Other Source of Income or Assets

Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Monthly Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Yearly Income for most recent year $\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPENSES/LIABILITIES: Average Monthly Medical Expenses for the Last three Months:

(Specify on separate page: Doctor, Dentist and Pharmacy bills; Medical Insurance)

Other liabilities:

**1. The following person(s) will assist me in maintaining my financial records:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship

Address

Street City State ZIP

Phone No. Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell

Email Address

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship

Address

Street City State ZIP

Phone No. Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell

Email Address

**2. Will another individual guarantee payment for rent and other fees?**  **Yes**  **No**

If yes, whom:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship

Address

Street City State ZIP

Phone No. Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell

Email Address

**3. Whom should we contact with questions regarding this form?**

Self/Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship

Address

Street City State ZIP

Address

Street City State ZIP

Phone No. Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell

Email Address

**Social Service Section**

Does any member of your household smoke?  Yes  No

Do you have the assistance of another person or persons with any of the following activities in your current place of residence?

Yes  No

**You must have a need for one or more of the activities of daily living below in bold in order to reside in an Assisted Living Apartment.**

If Yes, who provides this assistance?: Agency Family

**Assist with meal preparation**  **Yes**  No

**Bathing**  **Yes**  No

**Dressing**  **Yes**  No

**Assistance in medication**  **Yes**  No

Managing finances and paying rent and bills  Yes  No

Housekeeping/cleaning  Yes  No

Shopping  Yes  No

Arranging for appointments  Yes  No

Do you currently use any assertive or medical devices

(e.g. walker, shower chair, or commode)  Yes  No

If yes, please describe

If others provide services to you, will you continue to utilize those assistants/services if you move to The Towers?  Yes  No

If you do not plan on maintaining your current means of assistance, how do you plan to provide for services here in The Towers?

Do you plan to use a service animal (i.e., guide dog) at The Towers?  Yes  No

If yes, please describe the type of animal you will use

Does someone have power of attorney or conservatorship for either applicant?  Yes  No

If yes, copies of legal documents are required.

If yes,

**THE TOWERS**

**APPLICATION CERTIFICATION**

I/we hereby make formal application for an Assisted Living apartment at, The Towers, and if accepted will comply with all terms and conditions of the written lease and Resident Handbook.

I/we hereby authorize The Towers to contact all employers, landlord or other reference sources that I/we have provided.

I/we hereby authorize The Towers to conduct a criminal background check.

**Note: Please include a copy of Social Security card, picture I.D. and proof of age.**

Applicant Statement: I/we certify that the statements in this application and all information provided are true and complete to the best of my/our knowledge and belief.

I/we understand that false statements or information may be punishable under federal or state law and may result in denial or terminancy of application.

Signature (Applicant) Date

Signature (Co-applicant) Date