

FOR OFFICE USE ONLY:
APARTMENT # _____
APARTMENT SIZE _____
MOVE IN DATE _____
RENTAL AMOUNT _____
SECURITY DEPOSIT _____
APPLICATION FEE _____

APPLICATION FOR RESIDENCY

MR.() MRS.() MISS() _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
NUMBER STREET CITY
STATE ZIP COUNTY

TELEPHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

ARE YOU RETIRED () YES () NO OCCUPATION _____

MARITAL STATUS _____

IS THERE ANY MEDICAL CONDITION THAT MIGHT PREVENT YOUR BEING ACCEPTED AS A
RESIDENT OF VILLA ROSE? () NO () YES,
PLEASE EXPLAIN THE CONDITION. _____

PERSON TO CONTACT IN CASE OF EMERGENCY (PLEASE PROVIDE TWO)

RESIDENT REPRESENTATIVE:

NAME _____ RELATION _____

ADDRESS _____

HOME PHONE# _____ OTHER # _____

NAME _____ RELATION _____

ADDRESS _____

HOME PHONE# _____ OTHER # _____

PHYSICIAN _____ PHONE # _____

ADDRESS _____

HOSPITAL PREFERENCE _____ PHONE # _____

ARE YOU LICENSED TO DRIVE A CAR? () YES () NO

ARE YOU BRINGING A CAR WITH YOU TO VILLA ROSE? () YES () NO

IF YES; AUTO MAKE AND YEAR _____

LICENSE PLATE _____

ACTIVITY INFORMATION:

WHAT APPEALS TO YOU MOST ABOUT VILLA ROSE? _____

WHAT ARE YOUR HOBBIES? _____

WHAT ARE YOUR SPECIAL INTEREST? () SPORTS () LITERATURE () PETS () TV

() CHURCH ACTIVITIES () MUSIC () CHILDREN () CREATIVE CRAFTS () TRAVEL

() POLITICS () CURRENT EVENTS

() OTHER _____

RELIGIOUS AFFILIATION _____ PASTOR _____

PLACE OF MEMBERSHIP _____

HOW DID YOU LEARN ABOUT VILLA ROSE? PLEASE CHECK THE APPROPRIATE BOX:

ADVERTISEMENT DIRECT MAIL BROCHURE EVENT RESIDENT

FRIEND SIGN/DRIVE BY PROFESSIONAL REFERRAL _____

CAN YOU DOCUMENT THAT YOU CAN PAY THE MONTHLY FEE?

() YES () NO

I AGREE TO HAVE A HEALTH ASSESSMENT COMPLETED PRIOR TO MOVE IN.

() YES () NO

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

DATE