



Villa Rose Senior Living Community

401 South Moreland Rd.

Bethalto, Illinois 62010-2118

Telephone: 618-377-3239

FOR OFFICE USE ONLY:

Apartment # _____

Apartment Size _____

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

IF YES, PLEASE EXPLAIN _____

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 _____

I UNDERSTAND THAT VILLA ROSE IS A PRIVATE PAY FACILITY AND AS SUCH, IT IS SOLELY MY RESPONSIBILITY TO MAKE SURE THAT RENT IS PAID IN ACCORDANCE WITH THE TERMS OF THE LEASE. () YES () NO

SIGNATURE OF APPLICANT

Date _____

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Date _____