



**LAUREL VIEW VILLAGE RESIDENTIAL LIVING UNIT
APPLICATION**

Date _____

(1)Applicant's Name _____ Address _____

Marital Status _____ (2) Spouse's Name (if couple) _____ Phone _____

PLACE OF BIRTH--CITY & STATE DATE OF BIRTH SOCIAL SECURITY NO. VETERAN?

(1)Applicant _____ _____ _____ Y or N

(2)Spouse _____ _____ _____ Y or N

LIVING CHILDREN OR RELATIVES

Power of Attorney _____ Phone _____

TWO PEOPLE WHO KNOW YOU WELL

Church _____ Pastor _____ Doctor _____

Health Insurance (1) _____ Medicare #(1) _____

(2) _____ #(2) _____

Chronic Illness or Disability (1) _____ (2) _____

Condition of Sight (1) _____ Hearing (1) _____

(2) _____ (2) _____

FINANCIAL DATA

ASSETS

Value of Real Estate. \$ _____
Investments..... \$ _____
Savings Account... \$ _____
Checking..... \$ _____
Other..... \$ _____
TOTAL ASSETS... \$ _____

LIABILITIES

Real Estate Mortgaged..... \$ _____
Other..... \$ _____
Other..... \$ _____
TOTAL LIABILITIES..... \$ _____

NET WORTH..... \$ _____

MONTHLY INCOME

From Social Security. \$ _____
Pension or Retirement \$ _____
Rentals..... \$ _____
Your Bank _____

Investments..... \$ _____
Other..... \$ _____
Total Monthly..... \$ _____

This application obligates neither the applicant nor Laurel View Village to enter into any Resident Agreement.

I HEREBY DECLARE THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND COMPLETE ACCORDING TO MY BEST KNOWLEDGE AND BELIEF.

IN WITNESS WHEREOF I HAVE HEREUNTO SET MY HAND TO THIS APPLICATION.

This _____ DAY OF _____, 20_____

ATTEST

APPLICANT

ATTEST

COAPPLICANT