APPLICATION FOR RESIDENCY

LAKEVIEW PLACE
1570 EAST MAIN ST.
DANVILLE, IN 46122
(317) 745-7847 ; FAX: (317) 745-0196
INDIANA RELAY: 711

OFFICE USE ONLY

DATE RECVD. _____

TIME RECVD. _____

NAME: _____ SOCIAL SECURITY # _____

SPOUSE: _____ SOCIAL SECURITY # _____

MARITAL STATUS: MARRIED ☐ SINGLE ☐ DIVORCED ☐

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

HOW LONG AT ADDRESS: _____ REASON FOR MOVING: _____

LANDLORD NAME & NUMBER: _____

DO YOU? OWN ☐ RENT ☐ LIVE WITH SOMEONE, NOT PAYING RENT ☐

DO YOU OWN A PET? _____ WHAT TYPE & SIZE? _____ & _____ LBS.

DO YOU SMOKE? YES NO RACIAL/ETHNIC BACKGROUND: _____

IS YOUR CURRENT HOUSING SUBSTANDARD? YES NO

HAVE YOU BEEN INVOLUNTARILY DISPLACED? YES NO

IF YES, IS IT BY GOVERNMENT ACTION? _____ BY PRIVATE ACTION? _____

HAVE YOU EVER BEEN EVICTED? YES NO

HAVE YOU PREVIOUSLY APPLIED FOR A SUBSIDIZED APT? YES NO

IF YES, WHERE? _____

DO YOU LIVE IN A SUBSIDIZED APARTMENT CURRENTLY? YES NO

AMOUNT OF CURRENT RENT? _____ MONTHLY UTILITY EXPENSE? _____

DO YOU CURRENTLY PAY MORE THAN 50% OF YOUR INCOME FOR RENT? YES NO

LISTING OF ALL PERSONS APPLING FOR RESIDENCY

FULL NAME:	RELATIONSHIP:	M/F:	DATE OF BIRTH:	PLACE OF BIRTH:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INCOME

HEAD OF HOUSEHOLD EMPLOYER: _____

SALARY: $ _____ ANNUAL ADDRESS: _____

POSITION: _____ LENGTH OF EMPLOYMENT: _____

SPOUSE / OTHER EMPLOYER: _____

SALARY: $ _____ ANNUAL ADDRESS: _____

POSITION: _____ LENGTH OF EMPLOYMENT: _____

SOCIAL SECURITY BENEFIT: $ _____MONTHLY SPOUSE: $ _____MONTHLY

PENSION INCOME: $ _____ MONTHLY SPOUSE: $ _____MONTHLY

SOURCE: _____ ADDRESS: _____

OTHER INCOME: $ _____ MONTHLY SPOUSE: $ _____ MONTHLY

SOURCE: _____ ADDRESS: _____

ASSETS

(ie. CHECKING, SAVINGS)

ACCOUNT TYPE:	ACCOUNT #:	NAME & ADDRESS OF FINANCIAL BRANCH:
_____	_____	_____
_____	_____	_____

OTHER ASSETS

(ie. CD, IRA, STOCK, BOND, LAND, REAL ESTATE)

ACCOUNT TYPE: ACCOUNT #: NAME & ADDRESS OF FINANCIAL BRANCH:

_____ _____ _____

_____ _____ _____

_____ _____ _____

HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE DURING THE PAST TWO YEARS? IF YES, PLEASE LIST: YES NO

_____

_____

CREDIT REFERENCES

NAME: (CREDIT CARD, BANK, LOAN CO., DEPT. STORE) BALANCE: PAYMENT: PHONE #:

_____ _____ _____ _____

_____ _____ _____ _____

PREVIOUS LANDLORD INFORMATION

LANDLORD: _____ LENGTH OF STAY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

AMOUNT OF RENT: _____ REASON FOR MOVING: _____

AUTOMOBILE

MAKE & MODEL: YEAR: COLOR: LICENSE # STATE:

_____ _____ _____ _____ _____

MEDICAL INFORMATION

ARE ANY FAMILY MEMBERS HANDICAPPED OR DISABLED? YES NO

DO YOU HAVE MEDICARE: _____ MEDICAID: _____ SPENDDOWN $: _____

DO YOU HAVE SUPPLEMENTAL INSURANCE: YES NO MONTHLY PREMIUM $: _____

IF YES: NAME & ADDRESS OF INSURANCE CO. _____

_____

ANTICIPATED ANNUAL MEDICAL EXPENSES (NOT COVERED BY INSURANCE, MEDICARE ETC…)

$ _____

NAME OF PRIMARY CARE PHYSICIAN WHO WILL BE VERIFYING MEDICAL EXPENSES:

_____ ADDRESS / PHONE #: _____

ARE YOU MAKING PAYMENTS ON MEDICAL BILLS? YES NO MONTHLY AMOUNT: _____

PAYMENTS MADE TO: _____ ADDRESS: _____

DO ANY FAMILY MEMBERS REQUIRE REGULAR MEDICATIONS? YES NO

NAME OF PHARMACY FOR PRESCRIPTION VERIFICATION: _____

ADDRESS: _____

CONTACT PERSONS IN CASE OF EMERGENCY: (NAME, ADDRESS, PHONE, RELATIONSHIP)

1. _____

2. _____

I HEREBY CERTIFY THAT ALL OF THE ABOVE STATEMENTS ARE TURE AND COMPLETE. INQUIRIES MAY BE MADE TO VERIFY THE STATEMENTS HEREIN. I UNDERSTAND AND AGREE THAT A CREDIT AND/OR CRIMINAL REPORT MAY BE MADE TO ESTABLISH MY ELIGIBILITY FOR RESIDENCY AND MY SIGNATURE BELOW AUTHORIZES THIS INVESTIGATION.

APPLICANT'S SIGNATURE: _____ DATE: _____

IF APPLICABLE, SPOUSE: _____ DATE: _____