

APPLICATION FOR INDEPENDENT LIVING APARTMENTS

PLEASE CHECK ONE	<input type="checkbox"/> HARTIN	DATE	APPLICATION FEE
	<input type="checkbox"/> McMILLAN	RECEIVED BY	DATE

UPON COMPLETION OF THIS APPLICATION (BOTH FRONT AND BACK) THE APPLICANT WILL BE PUT ON THE WAITING LIST

NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX
ADDRESS		PLACE OF BIRTH	TELEPHONE NUMBER	
CITY	STATE	ZIP CODE	EMAIL ADDRESS	
MARITAL STATUS		SPOUSE'S NAME		
<input type="checkbox"/> M	<input type="checkbox"/> S	<input type="checkbox"/> W	<input type="checkbox"/> D	

FAMILY RELATIONS (LIST EACH SON AND DAUGHTER)

NAME	ADDRESS	CITY, STATE, ZIP CODE	TELEPHONE NO. (DAY & NIGHT)	EMAIL ADDRESS

YOUR FORMER BUSINESS OR PROFESSION	FORMER OCCUPATION OF YOUR SPOUSE
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DO YOU HAVE ANY KNOWN HEALTH PROBLEMS THAT REQUIRE A DOCTOR'S ATTENTION?	PLEASE EXPLAIN
<input type="checkbox"/> YES <input type="checkbox"/> NO	

PHYSICIAN	TELEPHONE NUMBER
ADDRESS	

MEDICARE/MEDICAID NUMBER

IN CASE OF EMERGENCY CALL (NAME)	RELATIONSHIP
ADDRESS	CITY

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
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CHURCH MEMBERSHIP

SPECIAL INTERESTS

OCCUPANCY NEEDED WITHIN

0-6 MONTHS

6-12 MONTHS

12 MONTHS OR MORE

TYPE OF ACCOMMODATION DESIRED (YOU MAY BE ON MORE THAN ONE LIST)

HARTIN APARTMENTS

McMILLAN APARTMENTS

EFFICIENCY

1 BEDROOM

EFFICIENCY

2 BEDROOM/1 BATH

1 BEDROOM

2 BEDROOM/2 BATH

2 BEDROOM/2 BATH

I/We understand the following restrictions/regulations and will abide by them should I/we rent an apartment.

1. No additions will be made to the inside or outside of the apartment without the permission of the management.
2. No one may live in the apartment except the person or persons to whom the apartment was rented without permission of the management.
3. Hartin and McMillan apartments are for individuals who are able to live independently. Services such as housekeeping, meals, and personal or medication assistance are not included in the rental fee. Should I need additional services such as these to function in an apartment setting, I or my family will make these arrangements and also notify management of such. Christian Care Center, Inc. offers a continuum of care and should a need arise for a higher level of care, we will be given priority for admitting in our Personal Care Apartments, or Health Care Center, based on needs and availability.
4. Rent will be paid on the first of every month in advance.
5. Should the auditorium or activities center be used for personal use, I agree to leave it in good condition and will report any equipment that needs repair to the apartment manager.
6. Hartin and McMillan are non-smoking facilities for both residents and their guests.

I agree that in consideration of my admission to Christian Care Center, I will at all times faithfully observe and abide by all the rules and regulations of Christian Care Center, Inc. in every particular as they are now in force or may hereafter be changed, and regulations, as they may from time to time be constituted shall be and remain a part of this agreement to the same extent as though fully set forth herein, and that all of the statements in this application are full, true and correct.

SIGNATURE

- NOTE:**
1. **WHEN THIS COMPLETED APPLICATION PLUS \$40 APPLICATION FEE ARE RECEIVED BY CHRISTIAN CARE CENTER, YOU WILL BE PLACED ON THE WAITING LIST.**
 2. **WHEN ACCEPTED BY CHRISTIAN CARE CENTERS, INC. THIS APPLICATION WILL BE ATTACHED TO AND BECOME A PART OF RESIDENCE AGREEMENT.**

FINANCIAL DATA

*** CONFIDENTIAL ***

Applicant's Name _____

ASSETS:

Cash and Savings \$ _____
[CDs, Checking & Money Market Accts.]

Marketable Securities \$ _____
[Stocks, Bonds]

IRA's and Annuities \$ _____

Real Estate [home] \$ _____

Real Estate [other properties] \$ _____

Trust Funds \$ _____

Other Assets \$ _____

Total Assets \$ _____

LIABILITIES:

Mortgages \$ _____

Notes Payable \$ _____

Loans \$ _____
[Bank, Credit Card, Auto]

Other Liabilities \$ _____

Total Liabilities \$ _____

Net Worth \$ _____

ANNUAL INCOME:

(Applicant)

(Spouse)

Social Security \$ _____ \$ _____

Pension \$ _____ \$ _____

Dividends & Interest \$ _____ \$ _____

Rental/Mortgage Income \$ _____ \$ _____

IRA Income \$ _____ \$ _____

Trust Income \$ _____ \$ _____

Other Sources of Income \$ _____ \$ _____

Total Annual Income \$ _____ \$ _____

Combined Annual Income \$ _____

Are any of your assets security for a loan or disabilities? _____ Yes _____ No

Have you guaranteed/promised any debt owned by another with your assets or income? _____ Yes _____ No

Have you promised any individual or organization a portion of your assets or income? _____ Yes _____ No

Financial Disclosure Acknowledgement

I hereby declare that all financial statements made herein are true and correct according to the best of my knowledge.

Signature of Applicant & Date

Signature of Spouse or Responsible Party & Date

I decline to disclose my current financial information. By doing so I am stating that I have the financial resources necessary to sustain the services I am applying for. By declining to disclose, I am disqualifying myself from consideration for any future financial assistance.

Signature of Applicant & Date

Signature of Spouse or Responsible Party & Date