



**The Village III at Laurelbrooke Landing
 Brookville, PA 15825
 APPLICATION FORM
 MODERATE INCOME**

Office Use Only:
 Date Application Received: _____
 Date of Application Review: _____
 Eligible: YES / NO Notification: _____
 Reason: Age Income Other: _____
 Verification Appointment: _____

NOTE: THIS FACILITY IS COMMITTED TO SERVING ALL ELIGIBLE AND QUALIFIED INDIVIDUALS REGARDLESS OF DISABILITY. IF YOU NEED A REASONABLE ACCOMMODATION TO RESIDE OR TO CONTINUE TO RESIDE IN THIS FACILITY AND HAVE AN EQUAL OPPORTUNITY TO PARTICIPATE IN THE PROJECT, THE MANAGER WILL TRY TO WORK WITH YOU TO REACH AN ACCOMMODATION IN KEEPING WITH THE FUNDAMENTAL NATURE OF THE PROJECT AND WITHIN THE BUDGETARY AND ADMINISTRATIVE LIMITS OF THE FACILITY.

IF YOU BELIEVE THAT NEGATIVE INFORMATION WHICH MAY SURFACE DURING YOUR RESIDENCY IS ATTRIBUTABLE TO DISABILITY (IES) OR HANDICAP, YOU ARE ENCOURAGED TO BRING THIS FACT TO THE ATTENTION OF THE MANGER AND EXPLAIN WHAT, IF ANY, CHANGED IN YOUR CIRCUMSTANCES DIMINISH THE NEGATIVE FACTS AND MAKE YOU AN APPROPRIATE CANDIDATE FOR RESIDENCY OR CONTINUED RESIDENCY IN THIS FACILITY.

1. Name of Applicant (s): a. _____
 Last First M.I.
 b. _____
 Last First M.I.

2. Current Address: _____
 Street

 City State Zip

3. Telephone: Home _____ Work _____

4. Marital Status: _____ Single _____ Married _____ Widowed

5. Date of Birth (each applicant): a. _____ b. _____

6. Social Security # (each applicant): a. _____ b. _____

Are you 62 or over? _____

Is your income more than \$21,240.00? _____

9. Is your income less than \$50,945.00? _____

10. Names and addresses of homes and/or apartments where you have resided over the past five years (use additional sheets if necessary):

Name

Address

11. Will another individual guarantee payment for rent and other fees on your behalf, if you are unable?

_____ Yes _____ No

If yes, who? _____
Name Telephone

Address/City/State/Zip

12. How did you hear about the Village at Laurelbrooke Landing?

13. Do you plan to use a service animal, e.g. Guide Dog, in this facility?

_____ Yes _____ No

Is the above information is complete, true and accurate to the best of my (our) knowledge.

Applicant Signature

Date
