



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

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.
 - c. _____
 Last First M.I.

2. Current Address:

_____ Street

_____ City State Zip

3. Telephone: Home _____ Work _____

4. Marital Status: _____ Single _____ Married _____ Widowed

5. Will the applicants listed above be the sole occupants of the unit you are applying for?

_____ Yes _____ No

If no, what are the names and addresses of the other proposed occupants?

- 6. Sex of each applicant:**
- | | Male | Female |
|----|-------------|---------------|
| a. | _____ | _____ |
| b. | _____ | _____ |
| c. | _____ | _____ |
- 7. Date of Birth (each applicant):** a. _____ b. _____ c. _____
- 8. Social Security # (each applicant):** a. _____ b. _____ c. _____
- 9. Occupation (each applicant):** a. _____ b. _____
c. _____

10. Employer (each applicant) - Use additional sheets if necessary:

Employer	Telephone
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Supervisor/Contact Person

Employer	Telephone
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Supervisor/Contact Person

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

Name

Address

Name

Address

Name

Address

12. Monthly Gross Income (from attached worksheet): _____

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

How did you hear about the Village at Laurelbrooke Landing?

- Resident or resident family member
- Employee
- Religious organization
- Advertisements (where? _____)
- Yellow Pages
- Other _____

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

Yes No

This facility has a limited number of units that have been made accessible for the mobility impaired (e.g. roll-in showers, lowered kitchen cabinets and work area, wheelchair accessible doorways, etc.) Do you have a mobility impairment and believe you could benefit from the special features of those units?

Yes No

Have you or any other person who plans to reside at the Village ever been evicted from or asked to leave any type of housing over the past five years?

Yes No

If yes, please describe the circumstances: _____

18. Size of unit desired: _____ One Bedroom

_____ Two Bedroom

(Optional) Race/ethnicity of each applicant (write number of applicants that qualify under each category):

_____ Caucasian

_____ African American

_____ Native American

_____ Hispanic

_____ Asian or Pacific Islanders

_____ Alaskan Natives

Credit references (please list names, addresses and telephone numbers):

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

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

FINANCIAL AND RESOURCE DATA

Date _____

The Village II management requests that you provide a summary of your income, assets and liabilities so that the Village management can determine whether or not you meet the income requirements of this facility.

Applicant's Name: _____

Address: _____

Telephone: Home _____

Work _____

Monthly Gross Income: (If there is no source of income, indicate by putting N/A in the space.)

Social Security \$ _____

Private Pension \$ _____

Annuities \$ _____

Disability Insurance \$ _____

Interest \$ _____

Dividends \$ _____

Trust Income \$ _____

Other \$ _____

Please specify: _____

Total Monthly Income \$ _____

Assets:

Checking Account \$ _____ Interest % _____

Savings \$ _____ Interest % _____

Money Market Certificates \$ _____ Interest % _____

Other \$ _____ Interest % _____

Please specify: _____

Stocks and Bonds \$ _____

Funds or Property in Trust \$ _____

Value of Home You Own \$ _____

Value of Other Real Estate \$ _____

Other \$ _____

Please specify: _____

Total Assets \$ _____

Total Income off of assets \$ _____

Have you or any members of your household disposed of assets for less than fair market value during the past two years?

_____ Yes _____ No

If yes, describe the assets you disposed of:

The following person (s) will assist me in meeting my financial obligations:

Name _____ Relationship _____

Address _____
Street City State Zip

I certify that the information I have provided is complete, true and accurate to the best of my knowledge.

Applicant's Signature

Date