

RECEIVED ON: _____
RECEIVED BY: _____



Marguerite's House

Assisted Living at Mary Immaculate

General Information – Please print or type

Name _____ Social Security# _____

Address _____

State _____ Zip _____ Phone _____

Date of Birth _____ Gender: Male _____ Female _____ No Preference _____

Marital Status: Married _____ Single _____ Widow/er _____ Divorced _____ Separated _____

Is there anyone helping you with your application? If so, may we contact them? Yes No

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

Email _____ May we contact them via Email? Yes No

How did you learn about Marguerite's House? _____

Are you currently using Marijuana? Yes No

Current Living Situation

Do you own property? Yes No

If Yes:

What is the estimated value of the property? \$ _____

How much of a mortgage remains? \$ _____

How much income do you receive from the property? \$ _____

Do you own a car? _____ Do you intend to maintain it? _____ Do you drive regularly? _____

Please list all of the states you have lived in throughout your life:

Current/Prior Landlords

Name _____ Phone # _____

Address _____

Dates you resided _____ Reason for move _____

Name _____ Phone # _____

Address _____

Dates you resided _____ Reason for move _____

Income - Gross Amount

Social Security/SSI: gross monthly \$ _____

Pension: \$ _____ Company _____

Address: _____

Pension: \$ _____ Company _____

Address: _____

Annuity: \$ _____ Company _____

Address: _____

Trust Account: \$ _____ Company _____

Address: _____

Other Recurring Income: \$ _____ Company _____

Bank Accounts

Bank _____ Type of Account _____ Acct#: _____

Address: _____ Current Balance: \$ _____

Bank _____ Type of Account _____ Acct#: _____

Address: _____ Current Balance: \$ _____

Bank _____ Type of Account _____ Acct#: _____

Address: _____ Current Balance: \$ _____

Bank _____ Type of Account _____ Acct#: _____

Address: _____ Current Balance: \$ _____

Assets (in applicant's name, joint ownership, or trust)

Cert. of Deposit – Bank _____ Account # _____

Address _____ Value: \$ _____

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Address _____ Value: \$ _____

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Address _____ Value: \$ _____

Stocks – Brokerage Firm: _____ Account # _____

Address _____ Value: \$ _____

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Address _____ Value: \$ _____

Bonds – Company: _____ Account # _____

Address _____ Value: \$ _____

Life Insurance Policies

Company _____ Policy # _____

Address _____ Cash Value: \$ _____

Company _____ Policy # _____

Address _____ Cash Value: \$ _____

Disposal of Assets: Please list any assets that you've disposed of for less than fair market value anytime during the past 24 months, including cash.

Type of asset _____ Date disposed _____

Market value at disposal _____ Amount received at disposal _____

Do you own any foreign assets? Yes No

If Yes, please explain: _____

TENANCY RECORD

Have you ever had subsidized housing assistance taken away from you or have you been evicted for reasons of fraud, nonpayment of rent, lease violations, or failure to cooperate with recertification procedures? Yes No

Have you or any member of your household been arrested, charged, or prosecuted of a crime in the last 15 years?

Yes No

If yes, please explain: _____

Citizenship Status U.S. Citizen Resident of the USA (Card No: _____)

Do you or any member of your household abuse alcohol or drugs in a manner that could interfere with the health, safety, and security of residents? Yes No

Are you aware that Marguerite's House is a smoke free community? Yes No

Do you drive? Yes No

Do you have a pet(s)? Yes No If yes, Type: _____ Weight: _____

Are you required to register with any state lifetime sex offender or other sex offender registry? Yes No

Dear Applicant (s):

This is a preliminary application; additional information will be required at a later date to determine eligibility. Your signature below gives consent to MI Residential Community to verify the information contained in this application.

I authorize MI Health Care Services to contact my landlords and references; carry out a credit check before and after tenancy. Please be advised that MI Residential Community is subsidized by the United States Department of Housing and Urban Development (HUD). **It is a criminal offense to make a willingly false statement or misrepresentation on this application.**

MI Residential Community is made available for eligible applicants on an open occupancy basis in accordance with the approved Tenant Selection Plan. All information contained on this application will be verified and will be kept strictly confidential for tenancy related purposes.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

APPLICANT'S SIGNATURE

DATE

