

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 \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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: \$ \_\_\_\_\_

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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: \$ \_\_\_\_\_

**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**

