

RESIDENT APPLICATION

Date _____

Jewish Senior Housing and Healthcare Service - Geshher House We are an all-inclusive community.

1. Name (Head) _____ SS# _____
(Last) (First) (MI)

Name (Spouse) _____ SS# _____
(Last) (First) (MI)

Present Address _____
(Street) (City)

State _____ Zip _____ County _____

Telephone () _____ e-mail _____

2. Applicant's age _____ Date of Birth ____/____/____ Spouse's age _____ Date of Birth ____/____/____
(Month/Day/Year) (Month/Day/Year)

3. Circle: MALE FEMALE

4. Circle (voluntary):
Caucasian African American
American Indian Asian
Alaskan Hispanic
Native Pacific Islander Other

5. Circle: Own Real Estate: YES NO Rent: YES NO

a. If you own real estate, what is the market value of this property? \$ _____

Balance of mortgage, if any: \$ _____

b. If renting, fill in below:

Landlord's Name _____

Street Address _____ Telephone _____

City _____ State _____ Zip _____

Current Monthly Rent _____ Monthly Utilities (Gas, Electric) _____

6. How many years have you lived at your present address? _____

7. Where did you live before? _____

8. Are you presently receiving a rent subsidy? Yes _____ No _____

HEALTH INFORMATION

1. What type of medical insurance do you have? _____

What is the yearly premium \$_____

2. Describe any problems you have in performing activities of daily living, such as personal hygiene, cooking, housekeeping, medications.

GENERAL INFORMATION

1. Do you have any problems with your current housing, such as cost, maintenance, accessibility? (Physical barriers), etc.?

2. Are you presently employed? YES _____ NO _____

3. If not, are you actively seeking employment? YES _____ NO _____

4. Do you take care of your own finances, such as writing checks, insurance forms, etc.?

YES _____ NO _____

5. Are you a student? YES _____ NO _____

If yes, do you attend school FULL-TIME _____ PART-TIME _____

If no, are you planning to return to school? YES _____ NO _____

6. Are you listed on the State Lifetime Sex Offender registration list in any State? Yes _____ No _____
If yes, please name the state: _____

7. Please list all states that you have been a resident of: _____

8. Are you a citizen of the United States? Yes _____ No _____

9. How did you learn about our properties? _____

INCOME

This section must be completed by the applicant and/or spouse in order to be processed. List all monthly income.

	<u>Applicant (monthly)</u>	<u>Spouse (monthly)</u>
Gross Social Security	_____	_____
Amount of Medicare Part B deduction	_____	_____
Amount of Medicare Part D deduction	_____	_____
Net Social Security (amount of check)	_____	_____
Salary (before deductions)	_____	_____
Pension/Annuities (monthly distribution amount)	_____	_____
TANF/UNEMPLOYMENT	_____	_____
VA Benefits	_____	_____
Other (explain)	_____	_____

ASSETS: List all assets and dividends and/or interest rates that you are currently earning annually.

<u>Assets</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Current Interest/Dividend</u>	<u>Yearly Income</u>
Checking	_____	_____	_____	_____
Savings/CDs	_____	_____	_____	_____
Money Market	_____	_____	_____	_____
IRA/401K/Retirement	_____	_____	_____	_____
Annuity	_____	_____	_____	_____
Stocks/T Notes	_____	_____	_____	_____
Bonds	_____	_____	_____	_____
Life Insurance	_____	_____	_____	_____
Trust Fund	_____	_____	_____	_____

Gesher House offers One Bedroom Apartments. Applicants are offered the next available unit.

In the event that we are unable to reach you, please list the names and addresses of any family members and/or friends we should contact.

Name _____ Phone _____

Address _____

Relationship to Applicant _____

Name _____ Phone _____

Address _____

Relationship to Applicant _____

I understand that this is only an application for an apartment. It is not a lease or a promise by the owner that an apartment will be made available to me.

I certify that the foregoing information is true and complete to the best of my knowledge and I authorize inquiries to be made to verify the statements above. Any falsification of information is grounds for rejection.

I/we authorize Jewish Senior Housing and Healthcare Service to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby, expressly release Jewish Senior Housing and Healthcare Service, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement or furnishing of such information and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies. Any deliberate misstatement of facts will disqualify me for admission, and if admitted, will be grounds for eviction.

Applicant's Signature

Co-Applicant's Signature

Date

Date

PLEASE BE SURE ALL QUESTIONS ARE ANSWERED. 

TENANT SELECTION

Responsibility for the tenant selection policy rests with Jewish Senior Housing and Healthcare Service. This will be done in accordance with JSHHS and State regulations and guidelines.