

Part of the Brothers of Mercy Campus 4530 Ransom Road Clarence, NY 14031

(716) 407-5101

APPLICATION FOR RESIDENCY

www.Brothersofmercy.org

Date:				
HEAD OF HOUSEHOLD	versioner an enterente kontroller i de	Legypherolytiching protestant alexandro broken Ortholytiching database keine Kropin i Schreiben.	Posta.	
First Name:	Last Name: _			
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POWER OF ATTORNEY	anye indianeka disebeshi kaba e.	ene kalkalasti desara karon saaratsa daka lista mida eti se naturos ereka nasada da ikasada tak	estinente	
Name (if Applicable):				
Power of Attorney Phone Number:	()			
Address:				
City:		Zip:		

PRIMARY CONTACT HANDLING THE MOVING ARRANGMENTS

(If different than head of household) First Name: _____ Last Name: ____ City:_____ State: ____ Zip:_____ Phone: () _____ Email: ____ EMERGENCY CONTACT (If different from POA or Primary Contact from above) First Name: _____ Last Name: ____ Address: City:_____ State: ____ Zip:____ Phone: () _____ Email: ____ AUTOMOBILE INFORMATION Driver's License Number:______ Issuing State: _____ Will you bring a car? Yes OR No If yes: Plate #_____ State: _____ Make: _____ Model: ____ APARTMENT STYLE Bayberry Suite (1 bed * 1 bath) Lily Suite (1 bed * 1.5 bath) Aster Suite (2 bed * 1.5 bath) ☐ Wisteria Suite (2 bed * 2 bath)

FINANCIAL INFORMATION

MONTHLY INCOME... APPLICANT

•	Social Security:	\$	•	Social	Security:	\$
•	Dividends:	\$	•	Divide	ends:	\$
•	Rental/Real Estate Income:	\$	•	Renta	l/Real Estate Income:	
•	Trust Income:	\$	•		Income:	\$
•	Annuities:	\$		Annui	ities:	\$
•	Pension:	\$	•	Pensio	on:	\$
•	Veterans Benefits:	\$		Veter	ans Benefits:	\$
•	Wages/Salary:	\$				\$
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	Death Benefits:	\$			STATE OF THE PROPERTY OF THE P	\$ \$
9	Disability:	\$		Disabi		
•	Severance Pay:	\$S				\$
	Interest Income	Ψ			est Income	\$
	o CDS:	S	•			C.
				0	17.75.75	\$
	o Money Market:	S		0		\$
	o Checking:	S		0		\$
	o Savings:	\$		0	Savings:	\$
0	Other Income:		e	Other	Income:	
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CO-APPLICANT

I hereby declare that all statements made herein are true according to the best of my knowledge and belief. In witness whereof, I have hereunto set my hand to this application.

Applicant Signature	Co-Applicant Signature
Print Name	Print Name