



## APPLICATION FOR RESIDENCY

*Part of the Brothers  
of Mercy Campus*

4530 Ransom Road  
Clarence, NY 14031  
(716) 407-5101

[www.Brothersofmercy.org](http://www.Brothersofmercy.org)

Date: \_\_\_\_\_

### HEAD OF HOUSEHOLD

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

### CO HEAD OF HOUSEHOLD

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

### POWER OF ATTORNEY

Name (if Applicable): \_\_\_\_\_

Power of Attorney Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PRIMARY CONTACT HANDLING THE MOVING ARRANGMENTS**

*(If different than head of household)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

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**

**CO-APPLICANT**

- Social Security: \$ \_\_\_\_\_
- Dividends: \$ \_\_\_\_\_
- Rental/Real Estate Income: \$ \_\_\_\_\_
- Trust Income: \$ \_\_\_\_\_
- Annuities: \$ \_\_\_\_\_
- Pension: \$ \_\_\_\_\_
- Veterans Benefits: \$ \_\_\_\_\_
- Wages/Salary: \$ \_\_\_\_\_
- Alimony: \$ \_\_\_\_\_
- Death Benefits: \$ \_\_\_\_\_
- Disability: \$ \_\_\_\_\_
- Severance Pay: \$ \_\_\_\_\_
- Interest Income
  - CDS: \$ \_\_\_\_\_
  - Money Market: \$ \_\_\_\_\_
  - Checking: \$ \_\_\_\_\_
  - Savings: \$ \_\_\_\_\_
- Other Income: \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

- Home Value Estimate of Net Proceeds: \$ \_\_\_\_\_

- Social Security: \$ \_\_\_\_\_
- Dividends: \$ \_\_\_\_\_
- Rental/Real Estate Income: \$ \_\_\_\_\_
- Trust Income: \$ \_\_\_\_\_
- Annuities: \$ \_\_\_\_\_
- Pension: \$ \_\_\_\_\_
- Veterans Benefits: \$ \_\_\_\_\_
- Wages/Salary: \$ \_\_\_\_\_
- Alimony: \$ \_\_\_\_\_
- Death Benefits: \$ \_\_\_\_\_
- Disability: \$ \_\_\_\_\_
- Severance Pay: \$ \_\_\_\_\_
- Interest Income
  - CDS: \$ \_\_\_\_\_
  - Money Market: \$ \_\_\_\_\_
  - Checking: \$ \_\_\_\_\_
  - Savings: \$ \_\_\_\_\_
- Other Income: \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

- Home Value Estimate of Net Proceeds: \$ \_\_\_\_\_

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