



ACCEPTANCE OF AN APARTMENT DOES NOT GUARANTEE ADMITTANCE TO ANY OTHER COMMUNITY ON CAMPUS. A separate application must be completed for admission to any other level of care on campus.

Directions: *Print or type all requested information and sign certification.*

Applicant Address:

Apartment #: _____ Street Address: _____ City: _____ State: _____
 Zip Code: _____ Phone #: _____ Phone #: _____ email _____

Head of Household:

Last Name	First Name	Social Security No.	Date of Birth

Co-Head of Household:

Last Name	First Name	Social Security No.	Date of Birth

Apartment Size: *(Select one or two sizes. Household must meet applicable occupancy standards.)*

1 bedroom suite (individual) 1 Bedroom (1-2 persons)

Special Requirements: *(i.e., immediate occupancy, 1st floor only, near the elevator, etc.)*

Gross MONTHLY Income: Wages: \$ _____ Social Security: \$ _____ Pension \$ _____ Annuities \$ _____

*copies of proof of income (i.e., social security award letter, paystub, pension award letter, annuity monthly statement, alimony statement, and/or any other income sources) **MUST** be included with application .

Veterans Admission Preference: In recognition of their service, Veterans' applications are given priority review for placement on our wait list. *If head- or co-head of household is an honorably discharged veteran of the US Armed Services, or such veteran's surviving spouse, , check box and **attach DD-214 to qualify for admission preference.***

Referral Source : **(how did you hear about us?)** _____

Certification: *(Head of household and co-head must sign and date.)*

The above information is correct to the best of my knowledge. I have no objection to inquiries of credit, criminal and sexual offender registries and I agree to furnish all required documentation at the time I am offered an apartment. I understand that at that time, a \$20 fee for a credit and background check must be submitted, unless I can provide Brothers of Mercy Senior Apartments with a copy of a completed background and credit check conducted within 30 days prior of the request.

Head of Household Signature: _____ Date: _____

Co-Head of Household Signature: _____ Date: _____

Housing Company Use Only		
Application Date <i>(date original application stamped received):</i> / /	Monthly Income:	

