

# Apartment Tenant Application

Date \_\_\_\_\_

Applicant \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

I am currently living:  In my own home  With a relative  
 In an assisted living facility  In a nursing home  
 Other \_\_\_\_\_

Inquirer information if other than above:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

How did you hear about us?

Physician  Family Member  Clergy  Telephone Book  Friend  
 Drive-By  Advertisement  Radio  Senior Services  Hospital  
 Other \_\_\_\_\_

I need help with: \_\_\_\_\_  
\_\_\_\_\_

**Financial Information:** (Please fill in all that apply)

Income Source:  Medicaid  Private Funds  LTC Insurance  
SS \$ \_\_\_\_\_ Pensions \$ \_\_\_\_\_ Other Asset Income \$ \_\_\_\_\_

\*\*\*\*\* Annual Income From all Sources \$ \_\_\_\_\_

- I would like to receive information by mail
- I would like to be placed on the waiting list

I prefer a studio apartment  I prefer a one-bedroom apartment

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*If eligible you will be contacted when an appropriate unit becomes available. Wait time can be up to 1 year.

FOR OFFICE USE

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Method of contact (circle one)

Telephone      Walk-In      Hospital      Senior Service  
Disabled Services      Mental Health      Other \_\_\_\_\_

Date Information Sent: \_\_\_\_\_ Staff: \_\_\_\_\_

Date of Tour: \_\_\_\_\_ Staff: \_\_\_\_\_

Date of Assessment \_\_\_\_\_

Location of Assessment (circle one)

Willamette Manor      Own Home      Other \_\_\_\_\_  
Eligible \_\_\_\_\_      Ineligible \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Eligibility letter sent: \_\_\_\_\_