



WALLICK

APPLICATION FOR RESIDENCY

First Name: _____ Middle Name _____ Last Name _____

Complete Address: _____

Phone: _____ Former Maiden Name: _____

Date of Birth: _____ Sex: M F Marital Status: S M W D Birthplace: _____

Social Security Number: _____ Citizen of what Country: _____

LIST THE NAMES, ADDRESSES AND RELATIONSHIPS OF IMMEDIATE FAMILY

<u>NAME:</u>	<u>ADDRESS:</u>	<u>RELATIONSHIP:</u>	<u>PHONE:</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

NAME OF LEGALLY RESPONSIBLE PARTY

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone _____ Cell Phone: _____

E-mail address: _____

NAME OF PERSON TO CALL IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone _____ Cell Phone: _____



WALLICK

HEALTH INFORMATION

Medicare Number: _____ Medicaid Number: _____

Secondary Insurance: _____ Secondary Insurance Number _____

Physician's Name: _____ Phone: _____

Physician's Address: _____

Hospital Preference: _____ Phone: _____

Pharmacy Preference: _____ Phone: _____

Eye Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Do you have a living will? Yes No Do you have a Power of Attorney Yes No

If so, Name of P.O.A.: _____ Phone: _____

Address of P.O.A.: _____

Disabilities and

Diseases: _____

Are you a smoker? Yes No Do you have any Allergies? Please List: _____

Choice of Funeral Home: _____ Phone: _____

SOCIAL AND RELIGIOUS AFFILIATIONS

Church Member: Yes No Denomination: _____

Name of Church: _____

Service in the Military: Yes No Usual Occupation was: _____

Membership in Service, Political and Social Clubs: _____



WALLICK

So we can know your likes & dislikes please comment on your hobbies or special interests:

I hereby authorize the Landlord, and its agents, to obtain background information from such sources as it chooses including, without limitation, credit bureaus, employers, current and previous landlords and law enforcement agencies. I agree that if any information herein contained is false, the Resident Agreement made on the strength of this application may at the option of the Landlord be terminated at any time.

I certify that the above information is accurate and complete.

Signature of Applicant

Signature of Marketing Agent

Date

Date





WALLICK

FINANCIAL INFORMATION

Name: _____

Address: _____ Phone: _____

ASSETS

- Checking Account – Bank Name _____ Amount: _____
- Savings Account – Bank Name _____ Amount: _____
- Certificate of Deposit – Bank Name _____ Amount: _____
- Certificate of Deposit – Bank Name _____ Amount: _____
- Stocks and Bonds _____ Amount: _____
- Stocks and Bonds _____ Amount: _____
- Real Estate – Location: _____ Amount: _____
- Other “Major Assets: _____ Amount: _____

LIABILITIES

- Home Mortgage: _____ Amount Owed: _____
- Loan on Auto: _____ Amount Owed: _____
- Loans on Stocks and Bonds: _____ Amount Owed: _____
- Others: _____ Amount Owed: _____

TOTAL LIABILITIES: _____

INCOME

- Social Security: _____ Amount: _____
- Pensions: Name _____ Amount: _____
- Annuities: Name _____ Amount: _____
- Investment Incomes: _____ Amount: _____
- Other Income: Source _____ Amount: _____

TOTAL MONTHLY INCOME: _____