

Corvallis Caring Place Application for Residency

Desired Move-in Date _____ Apartment # _____

Full Name _____ Social Security # _____

Address _____ City/State _____

Age _____ Birth Date _____

Former Occupation _____ Phone _____

Marital Status _____ 2nd Occupant's Name _____

FINANCIAL INFORMATION (this information may need to be verified to meet loan agreements):

Average Monthly Income _____

Assets to Draw Upon _____

Other Resources _____

Medicare # _____

Medicaid # _____

Other _____

Please submit a \$100 processing fee with this application for residency.

Fee is credited toward \$500 move-in fee.

THE PROCESSING FEE IS NOT REFUNDABLE.

Only if an apartment does not become available within one year of application or if Corvallis Caring Place deems applicant is not appropriate for tenancy a written request for refund may be submitted.

CONTACT FOR FURTHER INFORMATION:

Name _____ Relationship _____

Address _____ City/State _____

Home Phone _____ Work Phone _____

Applicant's Signature

Date

Please send completed applications to:

CORVALLIS CARING PLACE

750 NW 23rd Street

Corvallis, OR 97330

For office use only:

Date application received _____