

## Corvallis Caring Place Application for Residency

Desired Move-in Date \_\_\_\_\_ Apartment Type  Studio  One-bedroom

Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

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 \_\_\_\_\_