

APARTMENT APPLICATION

Desired Move-In-Date: _____ Apt. Type: ___ Studio ___ One Bedroom

Full Name: _____ S.S.#: _____
Last, First, Middle

Marital Status: S M W D Former Occupation: _____

2nd Occupant's Name (if applicable) : _____
Last, First, Middle

Age: _____ Birth date: _____

Address: _____

City, State Zip: _____

Phone: (____) _____

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 \$100.00 processing fee with this apartment application.
Fee is credited toward \$500.00 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 not appropriate for residency 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, Oregon 97330

For office use only:
Date application received: _____