CORVALLIS CARING PLACE ASSISTED LIVING

APPLICATION FOR ADMISSION

Desired Move-In-Date: _____ Apt. Type: ____Studio ____ One Bedroom

Name: _____ S.S. #: _____ Medicare. #: _____
(optional)

Age: _____ Birth date: _____ Marital Status: S M W D

Name: _____ S.S. #: _____ Medicare. #: _____
(if applicable) (optional)

Age: _____ Birth date: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

FINANCIAL INFORMATION: (This information may need to be verified)

Average Monthly Income:_____

Assets to Draw Upon:_____

Other Resources:_____

Medicaid #:_____

Please submit a $100.00 processing fee with this apartment application. Fee is credited toward $500.00 move-in fee. 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 fee refund may be submitted.

CONTACT FOR FURTHER INFORMATION

Name: _____ Relationship: _____

Address_____ City/State: _____

Home Phone: _____ Other Phone: _____

Email: _____

_____ _____
Applicant's Signature Date

Corvallis Caring Place checks the National and/or State of Oregon sexual offender websites to determine if applicant(s) is registered as a sexual offender or as a sexually violent predator.

Please send completed applications to: **Corvallis Caring Place**
750 NW 23rd Street
Corvallis, Oregon 97330

For office use only:
Date application received: _____