

# CORVALLIS CARING PLACE ASSISTED LIVING

## Application for Residency

Desired Move-In-Date: \_\_\_\_\_ Apt. Type: \_\_\_Studio\_\_\_ One Bedroom

Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_ Medicare. #: \_\_\_\_\_  
(optional)

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Marital Status: S M W D

2<sup>nd</sup> Applicant 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 #: \_\_\_\_\_  
(optional)

### 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 23<sup>rd</sup> Street**  
**Corvallis, Oregon 97330**

For office use only:  
Date application received: \_\_\_\_\_