



# Elmore Assisted Living

Where You Love To Call Home

202 North Street East  
Elmore, MN 56027

## RENTAL APPLICATION

| PERSONAL INFORMATION  |  |   |
|---|--|---|
| Date of Application   | Desired Date of Occupancy                        |   |
| First Name  | Middle Name                                      | Last Name   |
| Date of Birth   | Social Security Number                           | Marital Status<br><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced<br><input type="checkbox"/> Widowed <input type="checkbox"/> Partnered |
| Home Telephone Number   | Cell Phone Number                                | Work Telephone Number   |
| Email Address   | Driver's License Number                          |   |
| Current Address   |  | City, State, Zip  |
| <input type="checkbox"/> OWN<br>Value: _____  | <input type="checkbox"/> RENT<br>Landlord: _____ | Length of Time  |
| Is your rent current?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Amount: \$ _____ | Current Landlord Telephone Number                |   |

| PREVIOUS ADDRESS  |   |                               |
|---|---|-------------------------------|
| Previous Address<br>(if less than 2 yr. at current residence) |   | City, State, Zip              |
| Previous Landlord   |   | Length of Time                |
| Previous Rent Amount  | Is/was your rent current?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Previous Landlord Telephone # |



## DESIRED RENTAL

|  |   |  |
|--|---|--|
| Type of Apartment:   | Assisted Living or Memory Care:   |  |
| <input type="checkbox"/> Single (1 bed per room)<br><input type="checkbox"/> Double (2 beds per room)<br><input type="checkbox"/> Triple (3 beds per room) | <input type="checkbox"/> Assisted Living<br><input type="checkbox"/> Memory Care      |  |
| Source of Payment  |   |  |
| <input type="checkbox"/> Private Pay <input type="checkbox"/> LTC Insurance<br><input type="checkbox"/> Veterans Benefits                                  | <input type="checkbox"/> Elderly Waiver (EW)<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Group Residential Housing (GRH) |

## VEHICLE INFORMATION

|      |            |                 |
|------|------------|-----------------|
| Year | Make/Model | Color & Plate # |
|      |            |                 |
| Year | Make/Model | Color & Plate # |
|      |            |                 |

## FINANCIAL INFO

|  |  |   |
|--|--|---|
| Financial Billing Address:<br>(POA, Conservator, Guardian, Spouse,<br>Rep Payee) |  |   |
| Name:  | Address:   | Phone Number:   |
| Relationship:  |  |   |
| Income Source: <b>Social Security</b>  | Amount<br>\$ _____   | <input type="checkbox"/> Weekly<br><input type="checkbox"/> Bi-Weekly<br><input type="checkbox"/> Monthly |
| Income Source: <b>Pension/Disability</b>   | Amount<br>\$ _____   | <input type="checkbox"/> Weekly<br><input type="checkbox"/> Bi-Weekly<br><input type="checkbox"/> Monthly |
| Income Source: <b>Dividends, Rental,<br/>etc.</b>                                | Amount<br>\$ _____   | <input type="checkbox"/> Weekly<br><input type="checkbox"/> Bi-Weekly<br><input type="checkbox"/> Monthly |
| Bank Account   | Type of Account:<br><input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Other: _____ | Account Number  |



|              |  |                |
|--------------|--|----------------|
| Bank Account | Type of Account:<br><input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Other: | Account Number |
|--------------|--|----------------|

**APPLICANT QUESTIONNAIRE**

|  |   |  |
|--|---|--|
| <p>It's important that we continually build a community of residents who are comfortable with the rental process. Throughout your rental history, have you ever been evicted from apartment?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If YES, when and under what circumstances?</p> | <p>In order to maintain a safe environment for all residents, it's important that we understand the basic background of residents moving in to our community. Have you ever been convicted, plead guilty or no contest to a crime other than minor traffic offenses (misdemeanor/felony)?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If YES, when and under what circumstances?</p> | <p>We require a \$1,000 refundable reservation deposit that entitles you to hold an option to rent, at no obligation. If you move in, this \$1,000 becomes a refundable damage deposit. If you are on a state or county housing waiver program, this deposit is waived and you may reserve your option to rent without this deposit.</p> <p>Are you on a state or county housing waiver program?<br/> <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If NO, is your total \$1,000 reservation deposit available now?<br/> <input type="checkbox"/>Yes <input type="checkbox"/>No<br/>         If NO, when available:<br/>         _____</p> |
|--|---|--|

**APPLICANT AUTHORIZATIONS**

Applicant authorizes Landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate Applicant.

Applicant represents that all information is true, accurate, and complete to the best of the Applicant's knowledge. Landlord reserves the right to disqualify Applicant if information is not as represented.

I certify that the above financial information used to qualify the tenant as low or moderate income is true and correct to the best of my knowledge and that I will notify Elmore Assisted Living & Memory Care if there are changes to the information provided.

**ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.**

X \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature

