

Application for Occupancy

To apply for an apartment or a cottage-style home at Homewood at Spring House Estates Retirement Community, please complete this form and return it with a check payable to 'Homewood' for the \$100.00 non-refundable, application processing fee.

Name: _____ S.S.N: _____ - _____ - _____

Address: _____

Telephone: (_____) _____ - _____ Date of Birth: _____ / _____ / _____

E-mail Address: _____

Were you referred to us by a current Spring House Estates resident?

Yes _____ No

If this application is for two people in the same apartment or cottage-style home, please complete the following information for the second person.

Name: _____ S.S.N: _____ - _____ - _____

Address: _____

Relation: _____ Date of Birth: _____ / _____ / _____

Please indicate the approximate date you would like to move into Spring House Estates.

As soon as possible Other: _____

Please indicate your first preferences.

Phase I Cottage with garage

Phase II Cottage with one car garage

One Bedroom / Den Apartment

Not sure at this time

Phase I Cottage without garage

Phase II Cottage with two car garage

Two Bedroom Apartment

It is understood that the completion and submission of this form does not guarantee occupancy. Apartments and cottages are offered on the basis of the date of the filing of applications. Prior to the signing of a Lease Agreement, each application will be asked to provide a physician's statement.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Signature of Homewood/Agent: _____ Date: _____



Financial Data Sheet - Independent Living

The information requested is part of the application process. Confidentiality will be maintained.

Name (s): _____

ASSETS:

Estimated Value of Real Estate \$ _____
Savings Accounts \$ _____
Certificates of Deposit \$ _____
Investments \$ _____
Other \$ _____

LIABILITIES:

Mortgage \$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Total Assets: \$ _____ **Total Liabilities:** \$ _____

TOTAL NET ASSETS (Assets less Liabilities): \$ _____

Long-Term Health Care Insurance Yes No

INCOME: Calculated Monthly Annually

	1st Person	2nd Person
Social Security	\$ _____	\$ _____
Pensions	\$ _____	\$ _____
Dividends/Interest	\$ _____	\$ _____
Other Income	\$ _____	\$ _____

COMBINED TOTAL..... \$ _____

Date: _____ Signature of Applicant: _____

Signature of Co-Applicant: _____

Additional Information: _____

