

CONFIDENTIAL DATA APPLICATION



5701 Brookside Circle
Lowville, New York 13367
Tel: 315-376-4333 ♦ Fax 315-376-4623
Toll Free: 1877-777-7765

Preferred Unit Style: Apartment: 1-bdrm standard; 1 bdrm deluxe; 1 bdrm deluxe plus; 2 bdrm suite (circle)
 Patio Home-Style: "A" "B" "C" "D" "Cottage" (circle)

If you prefer an apartment, how will you be paying? Rent* OR
 One-time Equity Fee plus Monthly Fee

* A limited number of apartments are available for rent. If you do not have a preference for a payment method and would be willing to pay either rent or equity, check both boxes (rent & equity).

Primary Applicant: _____

Telephone #: _____

Mailing Address: _____

Social Security #: _____ Birth Date: _____

Marital Status: Single Married Widowed Divorced

Co-Applicant: _____

Relationship to Primary Applicant: _____

Social Security #: _____ Birth Date: _____

Marital Status: Single Married Widowed Divorced

Married Applicants, Please Provide Anniversary Date: _____

Children, Nearest Relative, Or Emergency Contact(s):

	<u>Name</u>	<u>Address</u>	<u>Telephone #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Financial Data (Combined):

Approx. Net Worth

- Under \$50,000
- \$50,000-\$99,999
- \$100,000-\$500,000
- Over \$500,000

Monthly Income

- Social Security
- Pension
- Insurance/Annuity
- Investment
- Real Estate

Annual Income

- under \$24,999
- \$25,000—\$34,999
- \$35,000—\$49,999
- \$50,000—\$74,999
- \$75,000—\$99,999
- above \$100,000

Do you have a financial Power of Attorney (POA)? Yes No

Name of POA: _____

Address of POA: _____

Phone Number(s): _____

Do you have a Living Trust? Yes No

Name of Trustee: _____

Address of Trustee: _____

Phone Number(s): _____

Personal References:

Name _____ Phone #'s: _____

Address: _____

Name _____ Phone #'s: _____

Address: _____

Preferred Move-in Time Frame & Signatures:

I (We) Prefer to Move Within (circle): 3—6 Months 2 Months 1—2 Years 3 + Years

I declare that all statements made herein are true and complete to my best knowledge and belief. In witness whereof I have set my signature to this application this ___ day of _____ 20__.

Primary Applicant's Signature

Co-Applicant's Signature

