

CAMPUS TOWERS

Affordable Senior Housing

1767 – 20th Avenue
Longview, WA 98632
360-423-6200
Fax: 360-636-9193

APPLICATION FOR ADMISSION

1. Name (Print) _____ Social Security No. _____
Name of Spouse _____ Social Security No. _____

2. Address _____ Phone _____
City _____ State _____ Zip _____

3. Date of Birth: _____ Head of Household _____ Spouse _____

4. Do you have any special dietary needs? Yes _____ No _____

If yes, explain: _____

5. Monthly Income Information

	<u>Social Security</u>	<u>Pension</u>	<u>Interest, Etc.</u>
Head	\$ _____	\$ _____	\$ _____
Spouse	\$ _____	\$ _____	\$ _____

I understand that assets include checking, savings accounts, stocks, bonds, and real estate. Income from assets must be included in income portion above. I certify that my assets are as follows:

6. Medical Information

List medical you pay out on a monthly basis, such as, prescriptions, health insurance, payments for doctor or hospital, eye glasses, or dentures,

Have you ever been convicted of a felony: Yes _____ No _____

If yes, explain: _____

Note: A background check will be performed through the Washington State Patrol.

I (we) certify that all statements made are true and correct to the best of my (our) ability.

Signed _____ Date _____

Head of Household

Signed _____ Date _____

Spouse

PLEASE PROVIDE REFERENCES ON BACK

A ministry of Northlake Baptist Church

REFERENCES

Current Landlord (if applicable)

Name: _____

Phone: _____

Previous Landlord (if applicable)

Name: _____

Phone: _____

Personal References:

Name: _____

Phone: _____

Years Acquainted: _____

Name: _____

Phone: _____

Years Acquainted: _____

Name: _____

Phone: _____

Years Acquainted: _____