

Luther Park Apartments & Rose Glen Independent Living

Application for Admission - Please print or type

The information contained in this application will be held in strict confidence. This application does not constitute any guarantee of acceptance. However, upon acceptance, the application becomes a part of the Resident File.

Luther Park Apartments: 1 Bedroom 1 Bath Rose Glen: 1 Bedroom 1 Bath
 2 Bedroom 2 Bath 2 Bedroom 1 Bath
 1 Bedroom 1 Bath w/ Balcony 2 Bedroom 2 Bath
 2 Bedroom 2 Bath w/ Balcony

Applicant:

Mr. Mrs. Miss. Applicant _____

Current Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Date of Birth _____ Birth Place/State _____ Age _____

Marital Status Single Married Widowed Divorced

Co-Applicant:

Mr. Mrs. Miss. Applicant _____

Current Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Date of Birth _____ Birth Place/State _____ Age _____

Marital Status Single Married Widowed Divorced



Independent Living

Previous Rental History:

How many years have you lived at your current address? _____

If less than 2 years, please fill out previous address below:

Previous Address _____ City _____ State _____ Zip _____

How long were you at this address? _____

Have you ever been evicted? Yes No If yes, Explain _____

Criminal History:

In the past 5 years, have you been convicted of any of the following:

(1) Drug related criminal offenses? Yes No

(2) Forcible felony or other violent criminal offense? Yes No

(3) Offenses that resulted in being placed on a sex-offender registry?
 Yes No

Are you currently on the sex-offender registry? Yes No

Pets:

Do you or your co-applicant have a pet? Yes No

Type of pet? _____ Breed? _____ Weight? _____

Will you be able to provide current vaccination records for your pet? Yes No

If accepted, you will be required to fill out a Pet Application and pay a one-time non-refundable pet fee of \$200.00.



Independent Living

Independent Living:

Luther Park Apartments and Rose Glen are Independent Senior Living Facilities. Only persons aged 62 and up who are able to live **independently** are accepted. Home Care and In-Home services are approved for residents to utilize so they may remain independent. If asked, I can/will provide a statement from my physician stating that at this time, I am able to live independently. Yes No

Referral:

How did you hear about Luther Park? _____

Do you know anyone currently living at Luther Park Community?

Yes No If yes, what are their names? _____

Signature:

I certify that the information I have provided in the foregoing application is true and correct and that I am signing as the responsible party. I have either been authorized to provide the information contained in this application or am acting as the applicant's guardian and/or conservator. I understand and agree that any misrepresentation of any information provided in this application is grounds for rejection of this application.

Signature: _____
APPLICANT AND/OR RESPONSIBLE PARTY

Date: _____

Signature: _____
CO-APPLICANT AND/OR RESPONSIBLE PARTY

Date: _____

