



Assisted Living Application

Applicant Information									
Full Name:						Date:			
	First	M.I.	Las	t					
Current Address:									
	Street Address					Apartment/Unit #			
	City				State	ZIP Code			
Contact Phone:				Contact Email:_		*			
Driver's License/Stat	e ID:		Social Security No	.:		Birthdate:			
Financial Information									
Monthly Inco	ome (Social Security,	Pension, etc.):_							
Value of Ass etc.):	sets (Checking/Savino	gs, Stocks,							
If Yes, Paye	e a Social Security Re e Name:	•	=						
Do you have	e a Guardian/Conserv e:								
Phone:		Email:							
Do you have If Yes, <i>POA</i>	a <i>POA, DPOA, or F</i> Name:	inancial POA?	YES NC □ □ Address						
Phone:		Email:							
*Please provide full copies of agreements as needed.									
_	_	Ref	erences/Referr	ed Bv:	_				
Full Name:		1101	01011000/1101011	oa by.	Relation	nship:			
Address:					P	hone:			
How did you about us?	hear								

General Information									
Have you ever been evicted?		NO	YES NO Do you smoke? ☐ ☐						
Have you ever been late or delinquent on rent?		NO	YES NO Have you ever been party to a lawsuit?						
Have you ever been convicted of a felony?		NO	YES NO Have you ever filed for bankruptcy?						
Do you have any pets?		NO	If yes, breed/weight?						
If yes to any of the above, please explain why:									
Why are you moving from your current address?									
Is there anything negative in your credit or background check you want to comment on?									
Disclaimer and Signature									
I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in a denial of the application. I authorize the use of the information and contacts provided to complete a credit, reference, and/or background check. The credit check will be done at mysmartmove.com, a photo copy of ID's of all applicants and their representatives is needed as well as proof of funds.									
Signature:		Date:							