

RESIDENT APPLICATION LADDER INC

(Operating as the landlord, Ladder Inc agrees to keep all information provided on this application confidential.)

Date of Application:	Name of Applicant:
Date of Birth:	Age: Social Security Number:
	Single [] Married []
Phone Number:	Email Address:
Length of Stay:	
Previous Address:	
	Reason for leaving:
Have you been diagnosed as hillness?	naving mental illness? If so, what is the diagnosis/type of mental
Are you presently under the c	are of a doctor and/or therapist?
Name of doctor:	Name of therapist:
Do you presently drink alcoho	cance abuse?
Are you employed? I	f so, who is your employer?
	rked there? What is your salary?
Do you receive SSI/SSDI?	If so, what amount?
Do you receive any additional	financial assistance? If so, what amount?
Which Ladder Home are you i	
	ne: 7 men, private bedrooms, shared living space
Ladder Apartments: 1 –	·
Ladder Home: 4 bedroo	
Ladder Graduate Home:	2 bedrooms, shared living space
Ladder Leased* Apartme	ents: 1 bedroom, single occupancy
	private bedroom, shared living space
*Properties leased by Ladd	er Inc for use by residents participating in the Ladder Inc program.
Signature of Applicant:	
Consideration for residency with Lac	der Inc includes consultation with your case manager/therapist/doctor. You will be
asked to sign a release in order for L	adder Inc to do so.

Return this application to Ladder Inc: PO Box 1021 Holland MI 49422