

NAME OF APPLICANT _____ **Date** _____

Current Address _____
Street _____ City _____ State _____ Zip Code _____

Home Phone _____ **Cell Phone** _____ **Other Phone** _____

HOUSEHOLD COMPOSITION (list the Head of Household and any other member who will be living in unit)

Member	Full Name	Date of Birth	Age	Sex	Social Security #
(1) HEAD					
(2) SPOUSE					

Are any members of the household listed above full or part-time students? YES _____ NO _____

Please list ALL states where members of the household listed above have previously resided:
_____ Are any members of the household subject to a lifetime sex offender registration requirement in any state (specify if yes): YES _____ NO _____

Please indicate **RACE/ETHNICITY** of head of household for statistical purposes only: (Please check ONE on each line) Check here if you chose not to answer _____

- American Indian _____ Asian _____ African-American _____ Native/Pacific Islander _____
White _____ Other _____
- Hispanic or Latino _____ Not Hispanic or Latino _____

RENTAL HISTORY:

DO YOU: Own _____ (List amount of equity in Real Estate \$ _____) Rent _____

Monthly Rent/Mortgage \$ _____ Approx. Monthly Utility Cost \$ _____

Are you NOW living in a federally subsidized unit? Yes _____ No _____ If YES, please list:
Name of Complex _____ Manager _____

Name & Address of PRESENT LANDLORD _____

Telephone Number _____ How long have you lived there? _____ year(s)

Name and Address of your PREVIOUS LANDLORD _____

Telephone Number _____ How long did you live there? _____ year(s)

Name of closest relative NOT living with you _____

Relationship _____ Address _____ Phone _____

AUTOMOBILE Description: Make _____ Model _____ Year _____
 Color _____ License Plate # _____ State of Registration _____

INCOME: List all sources of income:

Member Amount	Type of Income	Gross Monthly/ Annual Income
HEAD	Social Security	\$
	SSI/SSP	\$
	Pension	\$
	Employment/Other (specify)	\$
CO-HEAD	Social Security	\$
	SSI/SSP	\$
	Pension	\$
	Employment/Other (specify)	\$

ASSETS: List all Accounts (including checking, savings, CD's, IRAs, etc.)

BANK NAME	TYPE of ACCOUNT	ACCOUNT #	AMOUNT/BALANCE
			\$
			\$
			\$
			\$

Did you dispose of any assets for less than fair market value within the last two years? YES ___ NO ___

Value of Stocks & Bonds \$ _____ Annual dividends from Stocks/Bonds \$ _____

Value of Life Insurance \$ _____ Annual dividends from Life Insurance \$ _____

MEDICAL EXPENSES:

Do you have Medicare? YES ___ NO ___ Monthly Premium \$ _____

Do you have additional medical insurance? YES ___ NO ___ Monthly Premium \$ _____

Name of Carrier _____ Account number _____

APPLICATION CERTIFICATION: *I certify that the statements made on this application are true and complete to the best of my knowledge. I understand that providing false statements or incomplete information may result in punishment under Federal Law. I understand that submission of this application is the first step of the resident application process and no way guarantees residency at Lutherwood. Please note that LUTHERWOOD is a SMOKE-FREE facility. EHO.*

Signature of Head of Household

Date

Signature of Co-Head or Spouse

Date

PLEASE RETURN APPLICATION TO: Lutherwood Office, 1 Lake Scranton Road, Scranton, PA 18505



OFFICE USE ONLY: Date & Time Application Received:	
_____	_____ AM/PM
Date	
Received by _____	

