

Terrace Gardens
Application for Senior Housing

Received date: _____
By: _____
Time: _____

Applicant Information

	Circle one	Last Name	First Name	Social Security Number	Age	Date of Birth
Applicant	Mr. Mrs. Ms.					
Co-Applicant	Mr. Mrs. Ms.					

Applicant Contact Information

Photo ID Required - Evidence of Residency

	Telephone Number	Street Address	City and State	Zip Code
Home	()			
Cell	()			

Income Information

Asset Information

Income Source	Applicant	Co-Applicant	Asset Source	Value
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
Total Annual Income	\$	\$	Total Asset Value	\$

References

	Phone Number	Street Address	City and State	Zip Code
Landlord: Current				
Former				
Bank:	Branch Name	Street Address	City, State, Zip Code	Account Number

* Do you require an altered or designed apartment for the mobility impaired?: Yes No (Circle one)

* Do you have Children that live in Milpitas: Yes No (Circle one) Name/Address:

I understand and consent that further inquires may be made to verify the information herein and that any misrepresentations will disqualify this application. I understand that Management's acceptance of this application and that providing this information does not establish my eligibility for residency at Terrace Gardens.



Applicant Signature

Date

Co-Applicant Signature

Date