

FRIENDLY CENTER
Friends Congregate Housing of Wilmington, Inc.
290 Prairie Ave. Wilmington, Ohio 45177
937-382-7938

APPLICATION AND CONFIDENTIAL INFORMATION FOR TENANT FILES

Name of applicant _____
(Last) (First) (Middle) (Maiden)

Spouse (if living) _____
(Last) (First) (Middle) (Maiden)

Present Address _____
(street/road) (City) (State) (Zip)

With whom are you living? (if not in your own home) _____

Date of Application _____ Telephone# (____) _____

	<u>APPLICANT</u>	<u>SPOUSE (if living)</u>
Social Security#	_____	_____
Date of Birth:	_____	_____
Place of Birth:	_____	_____
Date of Marriage:	_____	_____

LIVING CHILDREN OR NEAREST RELATIVE

Full Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES-Give name, address & phone number of two persons who have known you for (5) years or more, other than your pastor or relatives.

1. _____

2. _____

Type of Apartment _____ Date you wish to move in _____
Name of Physician _____ Phone _____

Chronic Illnesses _____

Medications presently being taken _____

Church Affiliation _____

Pastor's Name _____ Phone _____

Attorney's Name _____ Phone _____

Have you filed a Will? Yes _____ No _____

Do you have a Living Will? Yes _____ No _____

Name of Power of Attorney (if you have one) _____

What is your Monthly Income? _____

If you have an automobile, what is the description?

Make _____ Year _____ Color _____ License# _____

Names of persons to be notified in case of illness:

Name _____ Relationship _____ Phone# _____

Phone# _____

Name _____ Relationship _____ Phone# _____

Phone# _____

Name _____ Relationship _____ Phone# _____

Signature _____

Witness _____

Spouse signature _____