



## Independent Living Admission Application

### Personal Information

Name: \_\_\_\_\_  
(First, Middle, Maiden, Surname, Last)

Address: \_\_\_\_\_  
(City, State, Zip)

How long have you lived at your current address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
(City, State or Foreign Country)

U.S. Citizen: \_\_\_\_\_ Veteran: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse/Significant Other Full Name: \_\_\_\_\_

Other Responsible Party: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(First, Middle, Maiden/Surname, Last)

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- a. Have you, or any member of your household, ever been evicted from a rental apartment/home?  
Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain: \_\_\_\_\_
- b. Have you or any member of your household, ever been convicted of a felony?  
Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain: \_\_\_\_\_

- c. Have you, or any member of your household, ever filed for bankruptcy?  
Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain: \_\_\_\_\_
- d. Do you have pets? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how many? \_\_\_\_\_
- e. Do you have a vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_ if so, how many? \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_  
(First, Middle, Maiden/Surname, Last)

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Previous Occupation: \_\_\_\_\_

I worked at this occupation for: \_\_\_\_\_ years, ending \_\_\_\_\_

Religion/ Affiliation: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(Address, City, State, Zip)

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**Emergency Contact Information**

Emergency Contact (1): \_\_\_\_\_ Relationship: \_\_\_\_\_  
(First, Middle, Maiden/Surname, Last)

Address: \_\_\_\_\_  
(Address, City, State, Zip)

Home: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact (2): \_\_\_\_\_ Relationship: \_\_\_\_\_  
(First, Middle, Maiden/Surname, Last)

Address: \_\_\_\_\_  
(Address, City, State, Zip)

Home: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Financial Information (Include Spouse's Income)**

Please indicate the amount of income you receive per month

- Social Security ..... \$ \_\_\_\_\_
- Pension ..... \$ \_\_\_\_\_
- Annuities ..... \$ \_\_\_\_\_
- Trust Fund ..... \$ \_\_\_\_\_
- Dividends on Investments ..... \$ \_\_\_\_\_
- Interest on Savings, Treasury Notes etc.....\$ \_\_\_\_\_
- Other .....\$ \_\_\_\_\_
- Total Monthly Income ..... \$ \_\_\_\_\_
- Job ..... \$ \_\_\_\_\_

**Please Estimate current balance in all asset accounts**

- Checking ..... \$ \_\_\_\_\_
  - Savings ..... \$ \_\_\_\_\_
  - IRA Accounts .....\$ \_\_\_\_\_
  - Stocks .....\$ \_\_\_\_\_
  - Bonds .....\$ \_\_\_\_\_
  - Real Estate .....\$ \_\_\_\_\_
  - Automobile (s) .....\$ \_\_\_\_\_
  - Total Assets ..... \$ \_\_\_\_\_
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**I understand I am applying for acceptance to McGregor. If accepted, I do hereby affirm and state that the foregoing information in this application is true, accurate and complete in all respects.**

**I have reviewed this information and understand that McGregor will be relying upon its accuracy for purposes of acceptance of the proposed resident into McGregor.**

**Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Applicants Sponsor/ Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_**



**McGregor IS PROUD TO BE A SMOKE FREE ENVIRONMENT**