



**LEASE APPLICATION**

Date: \_\_\_\_\_

Residence Type:	<input type="checkbox"/> Studio
	<input type="checkbox"/> One Bedroom
	<input type="checkbox"/> Deferred Waiting List
	<input type="checkbox"/> Move-In Within 60 Days

**PERSONAL INFORMATION**

**APPLICANT ONE:**

Name \_\_\_\_\_ Marital Status  S  M  D  W

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Medicare Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Physician \_\_\_\_\_

**APPLICANT TWO:**

Name \_\_\_\_\_ Marital Status  S  M  D

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Medicare Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Physician \_\_\_\_\_

**FINANCIAL INFORMATION (CONFIDENTIAL)**

If any assets are not held jointly, they must be identified separately. If assets/liabilities are separate for each applicant, a form for each applicant must be completed. If applicant's relationship is other than as a spouse, two separate applications must be completed.

ASSETS	
Cash in checking accounts	\$
Cash in savings accounts	
Cash in:	
1. C/D's	
2. Securities	
3. Retirement Plan	
4. Annuities	
5. Stocks	
6. Real Estate	
7. Other	
<b>TOTAL ASSETS</b>	<b>\$</b>

LIABILITIES	
Mortgage	\$
Loans	
Note(s) payable to bank(s)	
Income tax due &/or accrued	
Other:	
1.	
2.	
3.	
4.	
5.	
<b>TOTAL LIABILITIES</b>	<b>\$</b>

**Cash on Hand in Banks**

Name of Bank or Financial Institution	Type of Account	Account Balance

**Securities Owned**

Par Value or # of Shares	Description	Registered in Names of:	Listed or Unlisted	Market Value

**Real Estate Owned**

Description of Property	Year Acquired	Insured Value	Mortgage Balance	Market Value

**Life Insurance**

Insurance Company	Insured Value	Cash Value	Name of Insured	Beneficiary

MONTHLY INCOME			
APPLICANT ONE		APPLICANT TWO	
Pensions	\$	Pensions	\$
Annuities		Annuities	
Trust Income		Trust Income	
Interest Income		Interest Income	
Dividend Income		Dividend Income	
Social Security		Social Security	
Other		Other	
<b>TOTAL</b>		<b>TOTAL</b>	

Please complete this report as accurately as possible. Supply all information as of the date you complete the report. Use additional paper if necessary.

**PERSONAL AND MEDICAL INFORMATION**

**APPLICANT ONE:**

Name \_\_\_\_\_

General Health is:       Good                       Average                       Fair                       Poor

Vision is:                       Good                       Average                       Fair                       Poor

Hearing is:                       Good                       Average                       Fair                       Poor

Do you use any of the following?    Cane    Crutches    Walker    Wheelchair    Other

Do you require any assistance caring for yourself? Please describe:

\_\_\_\_\_

Indicate special diet or dietary concerns:

\_\_\_\_\_

Please describe any current/past health issues:

\_\_\_\_\_

Do you smoke?    Yes       No

Is Applicant a Registered Sex Offender?    Yes       No

Do you have Long Term Care Insurance?    Yes    No    Benefit \$ \_\_\_\_\_ per day \_\_\_\_\_ year

Name of Insurance Company: \_\_\_\_\_

Do you have health insurance other than Medicare?    Yes       No

Name of Insurance Companies: \_\_\_\_\_

Please provide 2 references as contacts, preferably someone who knows you well and interacts with you frequently. If you are moving from an apartment/townhome or similar living complex, please provide the operator or manager as one of the contacts. Westhills Village reserves the right to contact these references.

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

*(Applicant's signature on this document serves as authorization to contact the listed references.)*

Special Needs or Requests:

\_\_\_\_\_

**APPLICANT TWO:**

Name \_\_\_\_\_

General Health is:       Good                       Average                       Fair                       Poor

Vision is:                       Good                       Average                       Fair                       Poor

Hearing is:                       Good                       Average                       Fair                       Poor

Do you use any of the following?    Cane    Crutches    Walker    Wheelchair    Other

Do you require any assistance caring for yourself? Please describe:

\_\_\_\_\_  
\_\_\_\_\_

Indicate special diet or dietary concerns:

\_\_\_\_\_  
\_\_\_\_\_

Please describe any current/past health issues:

\_\_\_\_\_  
\_\_\_\_\_

Do you smoke?    Yes       No

Is Applicant a Registered Sex Offender?    Yes       No

Do you have Long Term Care Insurance?    Yes    No    Benefit \$ \_\_\_\_\_ per day \_\_\_\_\_  
year

Name of Insurance Company: \_\_\_\_\_

Do you have health insurance other than Medicare?    Yes       No

Name of Insurance Companies: \_\_\_\_\_

Please provide 2 references as contacts, preferably someone who knows you well and interacts with you frequently. If you are moving from an apartment/townhome or similar living complex, please provide the operator or manager as one of the contacts. Westhills Village reserves the right to contact these references.

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

*(Applicant's signature on this document serves as authorization to contact the listed references.)*

Special Needs or Requests:

\_\_\_\_\_  
\_\_\_\_\_

It is understood that within sixty (60) days of reserving a residence and prior to occupancy at Westhills Village, if the Applicant(s) should give written notice of cancellation or should the Applicant(s) be deceased, the Village shall, within thirty (30) days of receipt of such notice, refund to the Applicant(s) or the Applicant's(s) estate, the full amount of the Application Fee without interest accrued.

Lease Deposit Amount	
Lease Deposit Received	
BALANCE	

It is understood that my/our Application is dependent upon a determination by Westhills Village that at the time of my/our occupancy, I/we are able to live independently and unassisted in a residence at Westhills Village, and meet the financial requirements. Westhills Village reserves the right to approve or not approve this Application for Residency. In the event that it is determined that I/we cannot, the full amount of my/our Application Fee shall be returned to me/us without interest accrued.

I declare that all statements made herein are true and complete according to my best knowledge and belief. Any misrepresentation, concealment, or omission may cause the agreement to be voided at the option of Westhills Village.

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Applicant One Date

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Applicant Two Date

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Witness: Name Date

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Board of Directors, Westhills Village Date

*If the Applicant(s) has limited resources or needs financial assistance, Westhills Village Retirement Community does allow for a Guarantor. Please ask for more details.*

*Applications for Residency are re-examined prior to move-in and financial information must be updated within 90 days prior to move-in.*