



LUTHER MEADOWS & HEILMAN HOUSE

DIAKON LUTHERAN SENIOR HOUSING COMMUNITIES

HEILMAN HOUSE PRELIMINARY APPLICATION FORM

Mr. _____
Miss _____
Ms. _____
Mrs. _____ Date: _____

Present Address: _____
Street City State Zip County

Phone Number: _____ Social Security Number: _____

Is head of household or spouse handicapped or disabled? _____ yes _____ no

Do you currently have student status? _____ yes _____ no

If present address is not your permanent home, please give permanent address:

Date of Birth: _____ Age: _____ Birthplace: _____

Are you employed?: _____ Retired?: _____

Name of present or last employer: _____

Address: _____

Please indicate racial/ethnic identification of head of household (for statistical purposes only):

- _____ White (non-Hispanic)
- _____ Black (non-Hispanic)
- _____ American Indian or Alaskan Native
- _____ Hispanic
- _____ Asian or Pacific Islander

Name of other applicant: _____ Relationship: _____

Address: _____ Date of Birth: _____

Social Security Number: _____ Birthplace: _____

Are you employed?: _____ Retired?: _____

Name of present or last employer: _____

Address: _____

PRESENT HOUSING

Do you own?: _____ Rent?: _____ Monthly payments: \$ _____ Utilities: \$ _____

Name of present landlord: _____

Address of present landlord: _____

Name of previous landlord: _____

Address of previous landlord: _____

Date apartment desired (month and year): _____

Do you own an automobile?: _____ Year: _____ Make: _____ Model: _____

License Number: _____ Will you keep your automobile if you move to Heilman House?: _____

Name of Family Physician: _____

Address: _____ Telephone Number: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Telephone Number: _____

Medical/Hospital Insurance:

Blue Cross: _____ Blue Shield: _____ Certificate No.: _____ Group No.: _____

Quarterly premium paid: \$ _____

Medicare Part A: _____ Part B: _____ Medicare No.: _____

Other health insurance: _____

REFERENCES

Bank Reference: _____

Address: _____

Personal References: (please do not include any family members)

1. Name: _____

Address: _____

2. Name: _____

Address: _____

Credit References:

1. Name: _____
Address: _____

2. Name: _____
Address: _____

FINANCIAL INFORMATION

<u>Income</u>	<u>Monthly</u>	<u>Annual</u>	<u>Total</u>
Social Security	\$ _____	\$ _____	\$ _____
S.S.I.	\$ _____	\$ _____	\$ _____
Public Assistance	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____
Annuity	\$ _____	\$ _____	\$ _____
Trust	\$ _____	\$ _____	\$ _____
Contribution from family	\$ _____	\$ _____	\$ _____
TOTAL FIXED INCOME			\$ _____

Wages: Source _____ \$ _____

<u>Income from Assets</u>	<u>Asset Value</u>	<u>Asset Income (annually)</u>
Real Estate	\$ _____	\$ _____
Stocks (use separate sheet to list stocks, if necessary)	\$ _____	\$ _____
Bonds	\$ _____	\$ _____

Were assets disposed of for less than fair market value within the last two years? Yes _____ No _____

If yes, list the assets disposed of:

Description of assets: _____

Date: _____ Amount Received: \$ _____ Market Value: \$ _____

SAVINGS ACCOUNTS

<u>Bank</u>	<u>Account Number</u>	<u>Amount</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

CERTIFICATES OF DEPOSIT

<u>Bank</u>	<u>CD Number</u>	<u>Asset Value</u>	<u>Asset Income (annually)</u>
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____

CHECKING ACCOUNTS

<u>Bank</u>	<u>Account Number</u>	<u>Amount</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Any other assets or sources of income, other than cars or furniture:

Describe: _____

Any debts, mortgages, obligations, etc., affecting the income or assets:

_____ Amount: \$ _____

_____ Amount: \$ _____

Estimated annual medical expenses (not covered by insurance): \$ _____

Please note that this is a preliminary application and gives no lease or rent rights. Additional information will be required at a later date to complete processing of tenants.

The Federal Government requires you to certify that the above information as given is true and correct and you give Heilman House the authority to check and verify the above.

I/We understand that if false or incomplete information is given, a fine, imprisonment or loss of HUD subsidy and subsequent rent increase may occur.

Applicant's Signature: _____

Witness: _____

Co-Applicant's Signature: _____

Witness: _____

If prepared by person other than applicant, give name, address and telephone number:

Please return to: Heilman House
Management Office
Topton PA 19562

Heilman House provides equal housing opportunity without regard to race, color, creed, sex or national origin.

