

# RESIDENT APPLICATION



I HEREBY CERTIFY THAT THE STATEMENTS  
IN THIS APPLICATION ARE TRUE ACCORDING  
TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
APPLICANT OR RESPONSIBLE PARTY

\_\_\_\_\_  
DATE

PLEASE LIST TWO PERSONS (NON-FAMILY  
MEMBERS) WHO ARE WELL ACQUAINTED  
WITH THE APPLICANT

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TELEPHONE

NAME OF PROSPECTIVE RESIDENT:

ADDRESS:

CITY STATE ZIP

TELEPHONE DATE OF BIRTH

MARITAL STATUS: MARRIED  SINGLE  DIVORCED  WIDOWED

PERSON RESPONSIBLE FOR CORRESPONDENCE (IF OTHER THAN APPLICANT) RELATIONSHIP

ADDRESS

CITY STATE ZIP

TELEPHONE

APPLICANT'S NEXT OF KIN RELATIONSHIP

ADDRESS

CITY STATE ZIP

TELEPHONE

HAS THE APPLICANT BEEN HOSPITALIZED IN THE LAST 12 MONTHS? YES  NO

IF YES, WHEN AND WHY?

DOES THE APPLICANT HAVE A HISTORY OF MENTAL ILLNESS,  
AGGRESSIVE BEHAVIOR, OR SUBSTANCE ABUSE? YES  NO

IF YES, SPECIFY WHICH

WHAT IS THE APPLICANT'S CURRENT LIVING SITUATION?

HOW LONG CAN THIS CONTINUE?

HAS THE APPLICANT EVER BEEN A RESIDENT  
OF ANY OTHER HOME OR INSTITUTION? YES  NO

IF YES, PLEASE PROVIDE NAME AND ADDRESS