



**APPLICATION
FOR
RESIDENCY**

**Springfield Gardens Inc.
120 Malachi Drive
Warner Robins, GA 31093
Phone: 478-923-5532
Fax: 478-923-7320
springfieldgardensga.com**

Thank you for your interest in residing at our facility. Please answer all questions as completely and accurately as possible. Please let us know if you need any help completing this application. Springfield Gardens Inc. is committed to serving all eligible and qualified individuals.

****Applicants must be 62 years of age or older**

ELIGIBILITY FOR OCCUPANCY

Applicant Name _____

Current Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ Work _____ Cell _____

Social Security # _____

Birthdate: _____

City/State of Birth: _____

Are you: Married _____ Single _____ Widowed _____ Divorced _____

Are you: Male _____ Female _____

How long have you been living at current address? _____

Are you being evicted? Yes _____ No _____

If you are renting, please give name and phone number of your landlord:

Name _____ Phone Number _____

Have you ever been evicted from federally assisted housing within the last three years?
Yes ___ No ___

If yes, when and from what property? _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

Race of Head of Household: White ___ Black ___ Native American/Alaskan
Asian ___ Native Hawaiian/Pacific Islander ___ Other ___

Ethnicity of Head of Household: Hispanic ___ Non-Hispanic ___

What proof of birth can you supply? _____

Are you a citizen of the U.S. or an eligible immigrant? Yes ___ No ___

How did you learn about Springfield Gardens Inc.?

Why do you wish to live at Springfield Gardens Inc.?

Are you a smoker? Yes ___ No ___

Are you currently an illegal drug user? Yes ___ No ___

Do you have a pattern of alcohol abuse? Yes ___ No ___

Have you ever been convicted of a felony? Yes ___ No ___

If YES to the above, please explain:

In case of emergency, list names, addresses, and phone numbers of two relatives or friends:

Name _____ Name _____

Address _____ Address _____

City _____ City _____

State _____ State _____

Zip _____ Zip _____

Phone Number _____ Phone Number _____

Relationship _____ Relationship _____

FINANCIAL INFORMATION

List the amounts of all your sources of monthly income:

Social Security _____ Retirement or Pensions _____

Interest _____ Other (please identify) _____

List type and value of all stocks, bonds, CDs, trusts, contributions, or other assets:

Do you have Medicare Coverage Part A? Yes _____ No _____

Medicare # _____

Do you have Medicare Coverage Part B? Yes _____ No _____

Do you have Medicaid Coverage? Yes _____ No _____

Medicaid # _____

Do you have Life Insurance? Yes _____ No _____

If yes, Company Name _____

Please list two references for applicant **other than relative**.

1. _____
(Name) (Address) (Phone)

2. _____
(Name) (Address) (Phone)

Applicant may be required to provide references and a doctor's statement of your health upon application. Each application is considered on its merits and is approved by an Admissions Committee.

The board of trustees reserves the right:

- To accept or reject application for admission.
- To dismiss any resident for conduct this in its judgment is detrimental to the other residents.
- To make changes or exception in rules and regulations as it deems fit and proper. To make recommendations when it is deemed the resident needs care beyond what can be provided by Springfield Gardens Inc.

I authorize the staff or administrators of Springfield Gardens Inc. to verify all information provided on this application, and to obtain and release information on any reports concerning me maintained by Federal, State, and Local Agencies, present and past employers, present and past landlords, credit reference, criminal background check, and verification information that may be released or provided to other agencies. I understand that the above information is being collected to determine my eligibility for residency. I certify that the information provided on this application is true and completed to the best of my knowledge and belief. I understand that false statements, omissions, or incomplete information may be punishable under federal law and could result in this application being rejected. I certify that if selected to move in to this facility this application shall become apart of the contract for admission. The apartment occupy will be my only residence.

Signature - Head of Household

Date

In accordance with the Federal Fair Housing Law, Springfield Gardens Inc. does not discriminate against any person because of race, color, religion, sex, disability, familial status, or national origin, in the rental of our apartments.

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For Office Use Only:

Date Received: _____ Time Received _____

Received By: _____

Action of Admission Committee ____ Accept ____ Reject