APPLICATION
FOR RESIDENCY

Bel Rae
SENIOR LIVING
OF MOUNDS VIEW

Please provide all the requested information, sign and initial as noted, and return to Bel Rae Senior Living.
If there are two applicants, please complete one application for each person.

APARTMENT PREFERENCE

INDEPENDENT LIVING	☐ Studio	☐ One-bedroom	☐ One-bedroom + den	☐ Two-bedroom, two bath
ASSISTED LIVING	☐ Studio	☐ One-bedroom	☐ One-bedroom + den	☐ Two-bedroom, two bath
MEMORY CARE	☐ Studio	☐ One-bedroom		

Date I wish to move in, if accepted _____ / _____ / _____ Apartment style/# preferred ____________________

Bel Rae Senior Living is a smoke free community. Smoking is prohibited in all areas of the building and grounds.

Is the applicant ☐ Smoker ☐ Non smoker

APPLICANT INFORMATION

Applicant full name (last, first, middle)	Date of birth	Sex	Marital status
Present address	Telephone number	Social security number	
City	State	Zip code	
Person completing this form (if other than applicant)	License number or state ID		

EMERGENCY CONTACT INFORMATION

FIRST CONTACT

Name (last, first)	Relationship to applicant	
Address	State	Zip code
City	Telephone number	Telephone number

SECOND CONTACT

Name (last, first)	Relationship to applicant	
Address	State	Zip code
City	Telephone number	Telephone number

By initialing line below, I authorize Bel Rae Senior Living to contact the above-named person(s) for the following purposes:

______ To notify such person(s) in the case of an emergency.

______ To discuss with such person(s) concerns regarding my health, finances, and general well-being.

** I understand that these authorizations will continue through my residency at Bel Rae Senior Living if I become such a resident, unless I void such authorizations in writing.

Authorization to contact

____

BILLING INFORMATION

Send bill to (last name, first name)	Relationship to applicant	
Billing address	State	Zip code
City	Telephone number	Telephone number

FINANCIAL INFORMATION

Income information: List the total of all sources of fixed income e.g., social security, retirement funds, pension, disability, annuities SSI, public assistance, alimony, etc.

SOURCE (FROM WHOM)	AMOUNT	FREQUENCY OF COLLECTION

Any other income sources or types not listed above? ☐ Yes ☐ No

Source (from whom) ____________ *Amount* ____________ *Frequency of collection* ____________

____________ ____________ ____________

Do you expect any change in income in the next 24 months? ☐ Yes ☐ No

If YES, please explain ____

Assets: List the total value of all assets such as checking accounts, savings accounts, CDs, annuities, money market funds, saving bonds, stock mutual funds, and real estate. Attach additional detail as if needed.

TYPE OF ASSET	VALUE OF ASSET	INTEREST OR DIVIDEND RECEIVED
Total Value of Assets		

Please provide documentation support for all amounts over $25,000. (All information provided to support financial information will be maintained in separate secured confidential files)

RENTAL INFORMATION

Please list any rental information for the **last 5 years.** (Attach additional page if needed.)
Have you owned your home for the past 5 years? ☐ Yes ☐ No If YES, process to next section.

Name of present landlord	Telephone number	
Address	Dates you have lived at present address From: To:	
City	State	Zip code
Reason(s) for leaving	Have you ever been evicted? ☐ Yes ☐ No	
Name of former landlord	Telephone number	
Address	Dates you have lived at this address From: To:	
City	State	Zip code
Reason(s) for leaving	Ever convicted of a felony? ☐ Yes ☐ No	

OTHER INFORMATION

1. Will anyone else live in the unit on either a full-time or part-time basis? ☐ Yes ☐ No

If YES, please explain ______________________________

2. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? ☐ Yes ☐ No

If YES, provide the nature of the crime(s) ______________________________

Date ____________ State ____________ City ______________________________

Are any of the above convictions a felony? ☐ Yes ☐ No

If YES, please explain ______________________________

3. Do you live in subsidized or affordable housing or have you in the past? ☐ Yes ☐ No

If YES, where? ______________________ From ____________ To ____________

Were you evicted? ☐ Yes ☐ No If YES, why? ______________________________

____

4. Have you ever filed or are you currently filing for bankruptcy? ☐ Yes ☐ No

If YES, please give reason ______________________________

Date of filing _____ / _____ / _____

5. Why do you want to move from your current residence? ______________________________

____

6. How did you hear about us? ______________________________

____

7. Do you know or are you related to any of our residents or staff? ______________________________

____

APPLICATION SIGNATURE

I understand that management is relying on this information to prove my household's eligibility for housing. I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant Bel Rae Senior Living the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

Signature ____ Date of filing _____ / _____ / _____

Signature ____ Date of filing _____ / _____ / _____

HEALTH CARE INFORMATION

Please list your provider for each professional service below attach additional providers as needed.

Primary clinic	Telephone number
Primary physician	Telephone number
Hospital	Telephone number
Pharmacy	Telephone number
Home health care	Telephone number
Other health care provider	Telephone number

By initialing each line below, I authorize Bel Rae Senior Living to contact the above-named person(s) for the following purposes:

_______ To release or disclose to Bel Rae Senior Living and/or its designee all medical records or other information regarding any treatment, inpatient and/or outpatient care I have received from such health provider.

_______ To use facsimile copy or photocopy of this form to send to health providers as a release of information.

**I understand that this authorization, except for action already taken, may be voided by me at anytime in writing and will expire in any event in one year.

RELEASE INFORMATION

I certify that all information contained in this application is true and accurate to the best of my knowledge. I authorize release of any and all information in this application to Bel Rae Senior Living and/or its designee.

Information gathered in the application will be used to complete a background check. By signing this application, authorize Rental History Reports (RHR) / 701 South Fifth Street, Hopkins, MN 55343 to investigate my criminal history, rental, employment and income history for the purpose of housing. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; federal or state records including State Employment Security Agency records: county or state criminal records or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I understand failure to complete this form completely and truthfully may result in denial and/or forfeiture of deposit. This authorization is for this transaction only and continues in effect for one (1) year unless by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

Signature ____ Date of filing _____ / _____ / _____

Print name ____ Relationship ______________________________________

Please return completed application to:
Bel Rae Senior Living
2330 Cty Hwy 10
Mounds View, MN 55112