

BETHANY+VILLAGE

THE ART OF LIVING

THE COTTAGES

Independent Living & Duplexes

Rental Application for Independent Living Waiting List

Complete all blanks or this application will not be processed.

Tenant's Name: _____ Birthdate: _____ SS#: _____ Sex: _____

Co-Tenant's Name: _____ Birthdate: _____ SS#: _____ Sex: _____

Home Phone Number: _____ Work Phone Number: _____

Present Address: _____ How Long? _____

Do you currently Own _____ Rent _____? Email Address: _____

If you rent, may we contact your current landlord? Yes ___ No ___

Landlord's name: _____ Phone #: _____

Other

- A. Are you or any other household member a current user or a convicted felon using, dealing, or manufacturing a controlled substance? (yes/ no) _____
- B. Do you currently have or have you had in the last five years a criminal action taken against you? (yes/ no) _____

If yes, please describe and name applicant or household member holding record. _____

Pets

Does your household have a pet? (yes/ no) _____

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE RELEASE OF ANY INFORMATION CONTAINED HERewith TO DETERMINE MY ELIGIBILITY FOR THIS HOUSING.

WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

Signature: _____ (Tenant) Date Signed: _____

Signature: _____ (CO-Tenant) Date Signed: _____

Application Fee: \$40.00 per person – Onetime fee / Non-Refundable (Payable to: Bethany Home)

Please return this application & check to

Bethany Village, Attn. Marilyn Spohn

321 N. Chestnut,
Lindsborg, KS 67456
(785) 227-2334

For office use only: Date Received: _____

Version Date 2/7/2019

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Financial Questionnaire

All Information provided will be held confidential

Regular Monthly Income

	First Person	Second Person
Social Security	\$	\$
Pension	\$	\$
Dividends	\$	\$
Interest	\$	\$
Mortgage/Rental Income	\$	\$
IRA Income	\$	\$
Trust Income	\$	\$
Long Term Care Insurance	\$	\$
Other Income	\$	\$
Total Monthly Income	\$	\$

Capital Assets

	First Person	Second Person
Cash (Savings & Checking)	\$	\$
CD's, Money Market, etc	\$	\$
Stocks and Bonds	\$	\$
IRA's, Annuities, etc	\$	\$
House	\$	\$
Other Real Estate	\$	\$
Trust Fund	\$	\$
Life Insurance	\$	\$
Other Assets	\$	\$
Total Assets	\$	\$

I hereby declare that all statements made herein are true according to my best knowledge and belief. In witness whereof, I have set my hand to this application this _____ day of _____ 20__

Resident's Name (Print)

Signature of 1st Person or DPOA

Signature of 2nd Person or DPOA

Version Date 2/7/2019