



# Villa Rose Senior Living Community

401 South Moreland Rd.

Bethalto, Illinois 62010-2118

Telephone: 618-377-3239

FOR OFFICE USE ONLY:

Apartment # \_\_\_\_\_

Apartment Size \_\_\_\_\_

Rental Amount \_\_\_\_\_

Security Deposit \_\_\_\_\_

Application Fee \_\_\_\_\_

## APPLICATION FOR RESIDENCY

MR.( ) MRS.( ) MISS( ) \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
NUMBER STREET CITY

STATE ZIP COUNTY

TELEPHONE NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ARE YOU RETIRED? ( ) YES ( ) NO OCCUPATION \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

IS THERE ANY MEDICAL CONDITION THAT MIGHT PREVENT YOUR BEING ACCEPTED AS A RESIDENT OF VILLA ROSE? ( ) NO ( ) YES

IF YES, PLEASE EXPLAIN \_\_\_\_\_

PERSON TO CONTACT IN CASE OF EMERGENCY (PLEASE PROVIDE TWO)  
RESIDENT REPRESENTATIVE:

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ OTHER # \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ OTHER # \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_ PHONE # \_\_\_\_\_

ARE YOU LICENSED TO DRIVE A CAR? ( ) YES ( ) NO

ARE YOU BRINGING A CAR WITH YOU TO VILLA ROSE? ( ) YES ( ) NO

IF YES; AUTO MAKE AND YEAR \_\_\_\_\_

LICENSE PLATE \_\_\_\_\_

**ACTIVITY INFORMATION:**

WHAT APPEALS TO YOU MOST ABOUT VILLA ROSE? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT ARE YOUR HOBBIES? \_\_\_\_\_

WHAT ARE YOUR SPECIAL INTEREST? ( ) SPORTS ( ) LITERATURE ( ) PETS ( ) TV

( ) CHURCH ACTIVITIES ( ) MUSIC ( ) CHILDREN ( ) CREATIVE CRAFTS ( ) TRAVEL

( ) POLITICS ( ) CURRENT EVENTS

( ) OTHER \_\_\_\_\_

RELIGIOUS AFFILIATION \_\_\_\_\_ PASTOR \_\_\_\_\_

PLACE OF MEMBERSHIP \_\_\_\_\_

HOW DID YOU LEARN ABOUT VILLA ROSE? PLEASE CHECK THE APPROPRIATE BOX:

ADVERTISEMENT  DIRECT MAIL  BROCHURE  EVENT  RESIDENT

FRIEND  SIGN/DRIVE BY  PROFESSIONAL REFERRAL  \_\_\_\_\_

CAN YOU DOCUMENT THAT YOU CAN PAY THE MONTHLY FEE? ( ) YES ( ) NO

I AGREE TO HAVE A HEALTH ASSESSMENT COMPLETED PRIOR TO MOVE IN. ( ) YES ( ) NO

SIGNATURE OF APPLICANT

\_\_\_\_\_

Date \_\_\_\_\_

SIGNATURE OF APPLICANT

\_\_\_\_\_

Date \_\_\_\_\_