



FOR OFFICE USE ONLY	
File No.:	_____
Apt No.:	_____
Rent Date:	_____

Rental Application – Sun Center Apartments

Personal Information

Date of Application _____

Applicant Name: _____
 Last (include maiden) First Middle Nickname

Current Address: _____
 Street City State Zip Code County

Phone Numbers: _____
 Home Cell Other phone no. you can be reached

E-mail Address: _____

Social Security No.: _____ Birth Date: _____ Gender: _____

Where is applicant now? Apartment, hospital, nursing home, other, (please provide address and phone number): _____

Would applicant want a 1 or 2 bedroom apartment? _____

Marital Status: Married Widowed Never Married Separated Divorced
 If married, please list spouse's name: _____

Veteran Status: Are you a Veteran? Yes No What Branch? _____
 Is your spouse a Veteran? Yes No What Branch? _____

Criminal Status: Have you ever been convicted of or plead guilty to a crime in a court of law (including sexual offense)?
 Yes No State _____ County _____

How did you hear about us? Media Word of Mouth Healthcare Provider
 Other, explain _____

Person to contact regarding application _____

Emergency Notification – list in order of whom you prefer we contact first

Contact Name	Relationship	Address	Phone No.
1. _____ Email Address: _____	_____	_____	H: _____ W: _____ C: _____
2. _____ Email Address: _____	_____	_____	H: _____ W: _____ C: _____
3. _____ Email Address: _____	_____	_____	H: _____ W: _____ C: _____

Billing

Billing Party	Relationship	Address	Phone No.
1. _____	_____	_____	H: _____
Email Address: _____	_____	_____	W: _____
_____	_____	_____	C: _____

Insurance (Please provide cards)	Policy No.	Company	Phone No.
Medicare _____	_____	_____	_____
New Medicare (MBI #) _____	_____	_____	_____
Supplemental Insurance _____	_____	_____	_____
Long Term Care Insurance _____	_____	_____	_____
VA _____	_____	_____	_____
Other _____	_____	_____	_____

Medical Information

Primary Physician: _____ Phone No.: _____
Pharmacy: _____ Phone No.: _____

Would applicant be able to use a call light to signal for help? Yes No

Generally describe applicant's physical condition. _____

Be thorough in completing the following:

Any food intolerance or dislikes: _____

Any special diet or dietary restrictions: _____

To better serve you in case of emergency, the following information would be very helpful. Please be thorough if there is not enough room please attach information on a separate sheet of paper.

- Allergies: _____
- Medications: _____
- Diagnosis: _____
- Surgical Procedures: _____

Advanced Directives

Advanced Directives – check all that apply (copies required upon admission):

- Durable Power of Attorney Finances Name of Responsible Party _____
- Durable Power of Attorney Healthcare Name of Responsible Party _____
- Guardian Name of Responsible Party _____
- Living Will Name of Responsible Party _____

PLEASE NOTE

Luther Memorial Home reserves the right to terminated lease within 30 days if problems arise, such as:

- Offensive odor due to incontinence, or poor hygiene.
- Socially inappropriate actions.
- Unsafe use of stove, which may be a fire hazard to self and to others.
- Incontinence that is unmanageable by tenant. Tenant as 30 days to seek treatment/services to rectify this problem.
- Mental confusion that could possible put self or others at risk. Again, treatment/services must be sought to determine if this is a permanent or temporary condition (caused by bladder infection, medication error, etc.).
- Other issues not included above, but determined on an individual basis that may require Luther Memorial Home management to extensively refurbish apartment, may result in termination of lease, as well.

Luther Memorial Home management reserves the right to require evaluation by admission/discharge team which may include ADL (Activities of Daily Living) assessment, mental capacity test, or any other assessment needed to determine ability to remain in assisted living.