PRE-APPLICATION FORM COY D. ESTES SENIOR HOUSING 260 N 3rd Ave Upland CA 91786

PH: (909) 981-7160 FX: (909) 981-9523

1BAU 1BAOOC 1BMU 1BMOOC 2BAU 2BAOOC 2BMU 2BMOOC FOR OFFICE USE ONLY

The waiting list is open only to seniors age 62 and over

APPLICANT NAME (S)					DATE			_	
ADDRESS:									
NUMBER STREET		APT.	C	CITY		STATE	ZIP CODE		
PH: ()			CELL: ()					
STARTING WITH THE HEAD	OF HOUSEHOLD,	LIST <u>ALL</u> FAN			WILL BI	ELIVING	WITH YOU,	_	
INCLUDING <u>YOURSELF</u> : FULL NAME (inclu	BIRTH DATE		AGE	SOCIAL SECURITY NUMBER			FR		
· · · · · · · · · · · · · · · · · · ·				XXX-X					
					XXX-X	X-			
INCOME - LIST SOURCE AN								ί <u>Γ</u>	
SECURITY, RETIREMENT PI FAMILY MEMBER (including		URCE OF INCO		MONTHLY AMOUNT		ANNUAL AMOUNT FROM			
,	,			FROM INCOME		INTEREST			
				\$		\$			
				\$		\$			
				\$		\$			
ASSETS- LIST SOURCE AN	D AMOUNTS OF AL	L INCLUDING	: CHECK	ING. SAVIN	IGS. INVE	STMENT	S. PROPER	 ГҮ.	
AND INSURANCE, RECEIVE	D/HELD BY ALL M	EMBERS OF Y	OUR HO	USEHOLD, I	NCLUDII	NG YOUR	SELF:		
FAMILY MEMBER (including self)	ng self) AS	ASSET TYPE		AMOUNT OF ASSET AT THE END OF MONTH			ANNUAL INTEREST FROM ASSET		
			\$			\$			
			\$			\$			
			\$			\$			
			ΙΨ			Ψ			
DO YOU HAVE A RELATIVE	LIVING OR WORK	ING IN UPLAN	ID []	NO [] YES				
IF YES, NAME				RELA	TIONSHIE	·			
ADDRESS				PH:					
HOW MUCH ARE YOU CURREN	NTLY PAYING FOR R	ENT? \$							
HAVE YOU, OR ANY INDIVIDUA	AL IN THIS APPLICAT	TION, EVER BEE	EN CONVIC	CTED OF A C	RIMINAL (OFFENSE?	() YES	() N	
IF YES, PLEASE EXPLAIN:									
HAVE YOU, OR ANY INDIVIDUA	AL IN THIS APPLICAT	TION, EVER BEE	EN CONVIC	TED OF A FI	ELONY OF	FENSE?	() YES	() N	
IF YES, PLEASE EXPLAIN:									
BY INITIALING APPLICANT AC NON-SMOKING PROPERTY TO						S OF CON	VERTING TO	A 100%	
APPLICANT'S SIGNATURE _									
DATE RECEIVED BY CDE STAI	r:		BT:			_			