**Linwood Place Apartments Application for Residency** Date \_\_\_\_\_\_\_\_\_\_\_

**A Ministry of Fox Valley Lutheran Homes**

Name - Tenant 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name - Tenant 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant 1 Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant 2 Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security # Tenant 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tenant 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (for background/credit check)

What type of apartment do you prefer?

\_\_\_\_\_ One Bedroom / 1 bath

\_\_\_\_\_ Two Bedrooms / 1 bath

\_\_\_\_\_ Two Bedrooms / 1-1/2 baths

Which floor would you prefer? \_\_\_\_\_ 1st \_\_\_\_ 2nd \_\_\_\_\_ 3rd

View Preference? \_\_\_\_\_ Facing park/street \_\_\_\_\_ Facing back yard/garages

Do you need a garage? \_\_\_\_\_ Underground parking \_\_\_\_\_ Detached garage parking

Car make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Car model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License plate # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When will you be ready to move in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you understand this is Independent Living? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you understand this is a non-smoking complex? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you use any of the following? \_\_\_\_\_ Wheelchair \_\_\_\_\_ Cane \_\_\_\_\_Hearing Aide(s)

\_\_\_\_\_ Walker \_\_\_\_\_ Lifeline \_\_\_\_\_ Seat for tub \_\_\_\_\_ Walk-in Shower \_\_\_\_\_ Low Vision Equipment

Clarification of above needs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have pets? (We allow 2 cats, birds & fish) \_\_\_\_\_ Yes \_\_\_\_\_ No

Security deposit to hold Check received \_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_

Credit & Background Check - $25 payable to FVLH, to do a credit & background check on me (and my spouse). It is the policy of FVLH to do a credit & background check on prospective tenants as part of the approval process. Check received \_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Copy of Driver’s License of ID

\_\_\_\_\_ Copy of Renters Liability Insurance

**Release & Authorization**

I hereby authorize Fox Valley Lutheran Homes (FVLH) to use:

\_\_\_\_\_ Yes \_\_\_\_\_ No My image for identification purposes to ensure my personal safety and well-being.

\_\_\_\_\_ Yes \_\_\_\_\_ No My name, apartment number and phone number to be listed on the in-house tenant roster / telephone list.

\_\_\_\_\_ Yes \_\_\_\_\_ No My image, voice, and name for use in virtual marketing and printed material to promote and/or solicit donations to support the mission and ministry of FVLH.

I represent that I have a right to enter into this agreement and that the above designated use of my appearance will not violate any right of any third party.

By signing this authorization, I also release and hold harmless Fox Valley Lutheran Homes from all claims arising from the use of my name, voice, and picture in connection with the program. (As applicable to the above selections.)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACTS**

Tenant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apartment # \_\_\_\_\_\_\_\_\_\_

Primary Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_