

INSTRUCTIONS

Please fill out the following information. Be as complete as possible. If you are under 62 and are filing for a position based on PHYSICAL disability, you will need to fill out the last page. This page is only for those under the age of 62.

Once you have completed this form, you must save it to your computer. This will save the data to the form. You can submit it then one of three ways:

- 1) E-Mail the entire form to jthompson@clawsonmanor.org.
- 2) Open the saved document, and click the button at the top of the first page that says to E-Mail the form. If you have an e-mail program open on your computer, it can automatically e-mail the data without the form. No worries, we still get all the information.
- 3) On some third-party e-mail systems, the e-mail button will ask to save the data information. If so, save it (remember where you put it!), and e-mail that file to: jthompson@clawsonmanor.org.

If you have any questions, call us at 248-435-5650.

Application for Residency Clawson Manor

255 W. Fourteen Mile Rd.

Clawson, MI 48017

Phone: (248) 435-5650

www.clawsonmanor.org

Fax (248) 435-0840

All Information Will be Kept Confidential

Clawson Manor is owned and operated by New Life Inc., a Michigan Non-Profit Corporation, which is part of the East Michigan Conference of the Free Methodist Church.

CRITERIA FOR RESIDENCY

1. You (or co-applicant) must be 62 years of age or older. If permanently physically disabled, the minimum age requirement does not apply.
2. You must not exceed income levels as established by HUD for this facility.

GENERAL INFO:

Name Birth date:

Address Phone Number

City State Zip Code

SSN# Email:

Race/Ethnicity (check all that apply):

American Indian/Alaska Native Asian

Black/African-American Hispanic/Latino Native Hawaiian/Other Pacific Islander

White/Caucasian Other:

Co-Applicant (if any):

Name Birth date:

SSN# Email:

Race/Ethnicity (check all that apply):

American Indian/Alaska Native Asian

Black/African-American Hispanic/Latino Native Hawaiian/Other Pacific Islander

White/Caucasian Other:

Anticipated Move-in Date:

APARTMENT INFO (Type of Apartment desired):

- Studio (374 sf) Bedroom (500 sf) Deluxe Bedroom (750 sf)

Assessable Unit Needed Please specify the types of accommodations needed:

Clawson Manor has 15 floors. Please specify the highest floor acceptable:

Will you have a car? Yes No

Make/Model Year License

How did you hear about us?

- Phone Book/Yellow Pages Friend/Referral Internet
 Alternatives for Seniors Newspaper Ad Live in Area
 Other

References (Please provide 3 or more Personal References):

Name	Address, City, State, Zip	Phone
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

The information I have provided here is accurate to the best of my ability. It is my opinion that I fully meet the requirements, and hereby apply for an apartment at Clawson Manor.

Date:

Signature: _____

EMERGENCY INFORMATION (OPTIONAL)

Please return this information to the office as soon as possible.

Please notify office of any changes of information.

Last Name First Name Middle Initial

Apartment # Phone Number Birthdate

SSN

Emergency Contacts:

1. Name: Relationship:

Cell Phone Number Home Phone Number

2. Name: Relationship:

Cell Phone Number Home Phone Number

3. Name: Relationship:

Cell Phone Number Home Phone Number

MEDICAL INFORMATION:

Doctor Name: Phone Number

Hospital Preference

Medications

Allergies/
Medical
Conditions

Do you need/use any of the following?

Wheel Chair Walker Oxygen Emergency Evacuation

VEHICLE INFORMATION:

Year: Make: Model:
License # State:

KEY INFORMATION:

NAME & PHONE NUMBER OF ANYONE WHO HAS KEYS TO YOUR APARTMENT

1. Name: Relationship:
Cell Phone Number Home Phone Number
2. Name: Relationship:
Cell Phone Number Home Phone Number

PET INFORMATION:

Pet Name: Pet Type:
Persons who will care for your pet in case of emergency (must have at least two):
1. Name: Relationship:
Cell Phone Number Home Phone Number
2. Name: Relationship:
Cell Phone Number Home Phone Number

Date: Signature: _____

INCOME VERIFICATION FORM

We need to know your income for the current year. This includes all income from any source.

1. Social Security – (Letter from Social Security).
2. Retirement – (copy of check).
3. Interest from investments, savings, certificates, etc. – (copy of statements).
4. Income from real estate sales or rentals – (copy of payment schedule, income statement from holding company or copy of check).

* * * * *

We also need to know your anticipated income for the current year. Please provide us with the following information:

Monthly Social Security	<input type="text"/>
Monthly Retirement	<input type="text"/>
Monthly Interest	<input type="text"/>
Monthly Property Rental	<input type="text"/>
Monthly Job Income	<input type="text"/>

Monthly Total

Annual Total

Date:

Signature: _____

NOTE: This form is used only for prequalification. A more complete verification of income is required by HUD, and will be completed before final acceptance.

CLAWSON MANOR
RESIDENT SCREENING CHECKLIST:
PHYSICALLY DISABLED CRITERIA AND
UNDER THE AGE OF 62

IF YOU ARE DISABLED, OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION.

Answers to questions concerning physically disabled status **are optional**. However, without this information we may not be able to determine your eligibility. ***Only fill this form out IF you are UNDER the age of 62.***

Applicant Name:

Do you have a ***physical disability*** that is expected to be of long-continued and indefinite duration? YES NO

Does your physical disability substantially impede you from living independently? YES NO

Is your physical handicap of such a nature such ability could be improved by more suitable housing conditions? YES NO

We are required to verify with a health professional that you have a physical disability that meets the above criteria. Please fill out the following information for that verification:

Doctor:

Address:

City, ST, Zip:

Phone:

Date:

Signature: