

**FROSTBURG HEIGHTS**  
A DIAKON SENIOR HOUSING

Name of applicant \_\_\_\_\_

Current Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

HOUSEHOLD COMPOSITION (List the Head of Household and any other member who will be living in the unit)

Member	Full Name	Date of Birth	Age	Sex	Social Security #
1 Head					
2 Spouse					
3 Other member					

Is the Head of the Household Handicapped or Disabled?    Yes    No

Are any members of the household listed above full or part-time students? Yes    No

Are any members of the household subject to a lifetime sex offender registration requirement in any state?  
Specify state(s) if yes.    Yes    No \_\_\_\_\_

Has any member of the household been subject to eviction proceedings?    Yes    No

Please list ALL states where members of the household listed have previously resided:

\_\_\_\_\_

Please indicate RACE/ETHNICITY of head of household for statistical purposes only.  
Please check one on each line:                      Check here if you chose not to answer

American Indian    Asian    African-American    Native/Pacific Islander    White    Other Hispanic or Latino  
Not Hispanic or Latino

Please indicated marital status of each member of {he household \_\_\_\_\_

**RENTAL HISTORY**

DO YOU:    Own (List amount of equity in Real Estate \$ \_\_\_\_\_)    Rent

Monthly Rent/Mortgage \$ \_\_\_\_\_    Approx. Monthly Utility Cost \$; \_\_\_\_\_

Are you NOW living in a federally subsidized unit?    Yes    No If YES, please list:

Name of Comp[an]y \_\_\_\_\_ Manager \_\_\_\_\_

Name & Address of PRESENT Landlord \_\_\_\_\_

Telephone number \_\_\_\_\_ How long have you lived there? \_\_\_\_\_ year(s)

Name & Address of PREVIOUS Landlord \_\_\_\_\_

Telephone number \_\_\_\_\_ How long have you lived there? \_\_\_\_\_ year(s)

Name of closest relative NOT living with you \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

**INCOME** List all sources of income

	Type of Income	Month /Annual Income Amt
Head	Social Security	
	SSI/SSP	
	Pension	
	Employment/Other Specify	
Co-Head	Social Security	
	SSI/SSP	
	Pension	
	Employment/Other	

**ASSETS** List all Accounts (including checking, savings, CDs, IRAs, etc.)

Bank Name	Type of Account	Account Number	Approximate Balance

Do you have any stocks/bonds?  Yes  No

If yes, please list \_\_\_\_\_

Do you have any life insurance?  Yes  No

If yes, please list name of insurance and policy number(s) \_\_\_\_\_

Did you dispose of any assets for less than fair market value within the last two years? Yes No

MEDICAL EXPENSES

Do you have Medicare? Yes No Monthly premium \$ \_\_\_\_\_

Do you have additional medical insurance? Yes No Monthly premium \$ \_\_\_\_\_

Name of carrier \_\_\_\_\_ Account number \_\_\_\_\_

Do you have a pet? \_\_\_\_\_ If yes, are you planning to bring it to the Heights?

Type of pet? \_\_\_\_\_

Be sure to ask for a Pet Policy Packet.

APPLICATION CERTIFICATION: I that the statements made on this application are true and complete to the best of my knowledge. I understand that providing false statements or incomplete information may result in punishment under Federal Law'. I understand that submission of this application is the first step of the resident application process and no way guarantees residency at Frostburg Heights. I also understand that. Further information will be needed in order to determine eligibility and rental cost. Please note that FROSTBURG HEIGHTS is a SMOKE-FREE FACILITY. EHO.

Signature of Head of Household

Date

Signature of Co-Head or Spouse

Date

If prepared by somebody other than the household members, please list

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

PLEASE RETURN APPLICATION TO: Frostburg Heights Apartments, 100 Honeysuckle Lane, Frostburg, MD 21532.

Frostburg Heights provides equal housing opportunity without regard to race, color, creed, sex or national origin.

How did you hear about us? Please circle one.

Newspaper

Radio

Website

Friend

Other