

THURSTON WOODS VILLAGE  
GABLES & VILLAGE HOMES  
APPLICATION FOR RESIDENCY

FOR UNIT: \_\_\_\_\_

NAME: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

	<u>Applicant</u>	<u>Spouse</u>
Birthdate:	_____	_____
Social Security Number:	_____	_____
Medicare Number:	_____	_____
Can you meet your activities of daily living with or without assistance?	_____	_____
Do you use tobacco, alcohol or narcotics?	_____	_____
Do you have health insurance?	_____	_____
Do you own your present residence?		<input type="checkbox"/> yes <input type="checkbox"/> no
What is your home's current market value?	\$ _____	
What is your annual income?	\$ _____	
Do you have sufficient resources to meet financial commitments to Thurston Woods Village?		<input type="checkbox"/> yes

Have you given power of attorney to anyone or do you have a personal representative?

yes, name: \_\_\_\_\_

address: \_\_\_\_\_

no

If needed, who should be contacted: \_\_\_\_\_

phone #: \_\_\_\_\_

I have received the Criteria for Residency in the Gables and Homes and understand that these criteria must be met to be appropriate for residency.

My responses to the foregoing questions are true and correct to the best of my knowledge.

I understand that I have the right to cancel the application and receive a full refund of the application fee if I do so in writing within ten (10) days from the date of this application. If I do not terminate the application within ten (10) days, I understand that the application fee will not be refunded. It is also understood that the application fee does not apply to any other fees/rents/deposits.

APPLICANT SIGNATURE: \_\_\_\_\_

SPOUSE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



Application & fee received on: \_\_\_\_\_

By: \_\_\_\_\_, Thurston Woods Village

Thurston Woods Village does not discriminate on the bases of race, color, religion, gender, disability, or national origin (ethnicity or language).