

Proof of Residency/Type _____

Approval Date _____

Notify to Reside _____

BOL Date _____

DFL Date _____

Frankfort Township
11000 W. Lincoln Hwy
Frankfort, IL 60423
() Autumn Valley Housing
() Landings Pointe Housing

APPLICATION FOR RESIDENCY

Applicant: _____

DOB: _____

Present Address: _____ Phone: _____

How Long at Present Address? _____ Previous Address: _____

Who will share your apartment with you? _____ Relationship: _____ DOB _____

Present Employer: _____ Address: _____ Occupation: _____

Part Time _____ Full Time _____ Former Employer (If Retired): _____

Address of Former Employer: _____ Former Occupation: _____

Are you a handicapped person? _____ If so, please describe handicap _____

Do you regularly use: Cane _____ Walker _____ Wheelchair _____ Other _____

Are you presently under a doctor's care? _____ If Yes, For What Reason? _____

Total Current annual income from all sources \$ _____ Monthly Income \$ _____

Do you manage your finances? _____ If not, who does? _____ Relationship _____

Does this person have power of attorney? _____ If yes, please give: Name: _____

Address: _____ Phone: _____

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:

Name	Address	Relationship	Day Phone	Night Phone
1.				
2.				
3.				

Please list the names of doctors you have seen in the past five (5) years. (Use separate sheet of paper if necessary)

Name	Office Location	Telephone
1.		
2.		
3.		

List all hospitalizations for the past five (5) years and the condition for which you were hospitalized. (Use separate sheet of paper if necessary)

Name	Hospital	Telephone
1.		
2.		
3.		

PERSONAL REFERENCES:

Name	Address	Telephone	Relationship
1.			
2.			
3.			

I understand that the requirements for residency at Frankfort Township Senior Citizen Housing is the ability to live independently without assistance. I certify that my general health enables me to live independently and that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the statements above.

Date
