



PRAIRIE BLUFFS

SENIOR LIVING

APPLICATION

FOR RESIDENCY

Please provide all the requested Information, sign and initial as noted, and return to Prairie Bluffs Senior Living. If there are two applicants, please complete one application for each person.

APARTMENT PREFERENCE

Independent Living One-Bedroom One-Bedroom/Den Two-Bedroom

Assisted Living Studio One-Bedroom

Memory Care Studio One-Bedroom

Date I wish to move in, if accepted ____ / ____ / ____ Apartment Style/# Preferred _____

Prairie Bluffs Senior Living is a Smoke Free Community. Smoking is prohibited in all areas of the building and grounds.

Is the applicant: Smoker Non smoker

APPLICANT INFORMATION

Applicant Full Name (Last, First, Middle)	Date of Birth	Sex	Marital Status
Present Address	Telephone Number	Social Security Number	
City	State	Zip Code	
Person Completing this Form (If other than applicant)	License Number or State ID		

EMERGENCY CONTACT INFORMATION

FIRST CONTACT

Name (Last, First)	Relationship to Applicant	
Address	State	Zip Code
City	Telephone Number	Telephone Number

SECOND CONTACT

Name (Last, First)	Relationship to Applicant	
Address	State	Zip Code
City	Telephone Number	Telephone Number

By initialing line below, I authorize Prairie Bluffs Senior Living to contact the above-named person(s) for the following purposes:

_____ To notify such person(s) in the case of an emergency.

_____ To discuss with such person(s) concerns regarding my health, finances, and general well-being.

** I understand that these authorizations will continue through my residency at Prairie Bluffs Senior Living if I become such a resident, unless I void such authorizations in writing.

Authorization to Contact

BILLING INFORMATION

Send Bill to (Last Name, First Name)	Relationship to Applicant	
Billing Address	State	Zip Code
City	Telephone Number	Telephone Number

FINANCIAL INFORMATION

Income Information: List the total of all sources of fixed income e.g., social security, retirement funds, pension, disability, annuities SSI, public assistance, alimony, etc.

SOURCE (FROM WHOM)	AMOUNT	FREQUENCY OF COLLECTION

Any other income sources or types not listed above? Yes No

<i>Source (from whom)</i>	<i>Amount</i>	<i>Frequency of Collection</i>

Do you expect any change in income in the next 24 months? Yes No

If YES, please explain: _____

Assets: List the total value of all assets such as checking accounts, savings accounts, CDs, annuities, money market funds, saving bonds, stock mutual funds, and real estate. Attach additional detail as if needed.

TYPE OF ASSET	VALUE OF ASSET	INTEREST OR DIVIDEND RECEIVED
Total Value of Assets		

Please provide documentation support for all amounts over \$25,000. (All information provided to support financial information will be maintained in separate secured confidential files)

RENTAL INFORMATION

Please list any rental Information for the **last 5 years**. (Attach additional page if needed.)

Have you owned your home for the past 5 years? Yes No If YES, process to next section.

Name of Present Landlord	Telephone Number	
Address	Dates you have lived at present address FROM: TO:	
City	State	Zip Code
Reason(s) for Leaving	Have You Ever Been Evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Former Landlord	Telephone Number	
Address	Dates you have lived at this address FROM: TO:	
City	State	Zip Code
Reason(s) for Leaving	Ever Convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER INFORMATION

1. Will anyone else live in the unit on either a full-time or part-time basis? Yes No

If YES, please explain _____

2. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? Yes No

If YES, provide the nature of the crime(s) _____

Date: _____ State: _____ City: _____

Are any of the above convictions a felony? Yes No

If YES, please explain _____

3. Do you live in subsidized or affordable housing or have you in the past? Yes No

If YES, where? _____ From _____ To _____

Were you evicted? Yes No If YES, why? _____

4. Have you ever filed or are you currently filing for bankruptcy? Yes No

If YES, please give reason _____

Date of Filing ____ / ____ / ____

5. Why do you want to move from your current residence? _____

6. How did you hear about us? _____

7. Do you know or are you related to any of our residents or staff? _____

APPLICATION SIGNATURE

I understand that management is relying on this information to prove my household's eligibility for housing. I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant Prairie Bluffs Senior Living Operations LLC the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

Signature _____

Date of Filing ____ / ____ / ____

Signature _____

Date of Filing ____ / ____ / ____

HEALTH CARE INFORMATION

Please list your provider for each professional service below attach additional providers as needed.

Primary Clinic	Telephone Number
Primary Physician	Telephone Number
Hospital	Telephone Number
Pharmacy	Telephone Number
Home Health Care	Telephone Number
Other Health Care Provider	Telephone Number

By initialing each line below, I authorize Prairie Bluffs Senior Living to contact the above-named person(s) for the following purposes:

_____ To release or disclose to Prairie Bluffs Senior Living and/or its designee all medical records or other information regarding any treatment, inpatient and/or outpatient care I have received from such health provider.

_____ To use facsimile copy or photocopy of this form to send to health providers as a release of information.

**I understand that this authorization, except for action already taken, may be voided by me at anytime in writing and will expire in any event in one year.

RELEASE INFORMATION

I certify that all information contained in this application is true and accurate to the best of my knowledge. I authorize release of any and all information in this application to Prairie Bluffs Senior Living and/or its designee.

Information gathered in the application will be used to complete a background check. By signing this application, I authorize Rental History Reports (RHR) / 701 South Fifth Street, Hopkins, MN 55343 to investigate my criminal history, rental, employment and income history for the purpose of housing. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; federal or state records including State Employment Security Agency records; county or state criminal records or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I understand failure to complete this form completely and truthfully may result in denial and/or forfeiture of deposit. This authorization is for this transaction only and continues in effect for one (1) year unless by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

Signature _____

Date of Filing ____ / ____ / ____

Print Name _____

Relationship _____

Please return completed application to:

Prairie Bluffs Senior Living 10300 Hennepin Town Road, Eden Prairie, MN 55347