



Market Rate Application

General Information

Date: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Social Security: _____

Date of Birth: _____

Living Choice

Please Select.

_____ 1 Bedroom

_____ 2 Bedrooms

_____ Number of People in Apt

Name of Additional person(s)

Social Security # _____

Date of Birth: _____

Will you be bringing a pet?

YES NO

How many children do you have? _____

Name Telephone#

Legal Matters

Have you executed a Power of Attorney?

(circle one) Yes No

Name: _____

Telephone #: _____

Address: _____

Contacts

List someone other than your spouse who is to be contacted for emergencies.

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home _____

Cell: _____

Advanced Directives

The Village strongly recommends that all residents develop specific Advanced Directives in consultation with their family, doctor and Others. Do you have an Advanced Directive for medical treatment

YES NO (circle one)

Mail Application to:

Kimberly Yorch Manager

406 S. Church St.

Lincoln, Mi. 48742

(989) 335-4180

The Board of Trustees and Administration of The Village of Gibraltar Manor, respects the privacy of every applicant and does not wish to intrude into the applicant's financial ability to provide for his/her obligations. Therefore, we ask that you list your financial status on this form. Please do not leave any questions blank, insert "none" if not applicable. The information you supply on this form will be kept strictly confidential and will not be disclosed except as required by law.

ASSETS

Residence, estimated market value \$ _____

Mortgages? If so balance owed = \$ _____

Vacation or second home \$ _____

Mortgaged? If so, balance owed \$ _____

♦ Stocks, current market value \$ _____

♦ Bonds \$ _____

♦ Mutual Funds \$ _____

♦ Money Markets \$ _____

♦ Cd's \$ _____

♦ IRA's \$ _____

♦ Savings Accounts \$ _____

♦ Checking Accounts \$ _____

♦ Annuities; value of all \$ _____

♦ Whole Life Insurance \$ _____

TRUST

Trust, value of the principal. \$ _____

Are you the beneficiary of a trust?

YES NO (circle one)

who is the trustee: _____

Can you receive the principal?

YES NO (circle one)

Will you ever become the full legal owner?

of the principal? YES NO (circle one)

How and When? _____

is this trust revocable? YES NO (circle one)

Other Assets. \$ _____

Total Assets = \$ _____

INCOME

Please calculate your monthly income

Social Security: \$ _____

Pension: \$ _____

Annuity Income: \$ _____

Trust Income: \$ _____

Other Income: \$ _____

Vehicle Information

Make _____ Model _____ Year _____ Color _____

Make _____ Model _____ Year _____ Color _____

Applicant Signature

Date

Applicant Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT: I authorize and direct Federal, State or local agency, organization, business, or individual to release information as it relates to my application for participation, and/or my continued assistance under Section 42 of the Internal Revenue Code. I also grant consent for the manager to release information from my file about my rental history to credit bureaus, collection agencies or future landlords. This includes records on my payment history, and any violations of my lease or occupancy policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity of Marital Status
Medical or Child Care Allowances
Credit

Employment, Income and Assets
Residence and/or Rental Activity
Criminal History

GROUP OR INDIVIDUAL THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending upon program requirements) include, but are not limited to the following:

Previous Landlords (Including Public Housing Agencies)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Medical and Childcare Providers
Retirement Systems
Utility Companies

Past and Present Employers
Welfare Agencies
State Unemployment agencies
Support and Alimony Providers
Veterans Administrator
Banks/other Financial Institutions
Credit Providers/Credit Bureaus

I agree that a **photocopy** of this authorization may be used for the purpose stated above. The original of this authorization is on file in the management office.

Signature	Print Name	Unit #	Date
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Signature	Print Name	Unit #	Date
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NOTE: This general consent may not be used to request a copy of a tax return if a copy of a tax return is needed, IRS for 4506, "Request for copy of tax form" must be prepared and signed separately.