APPLICATION FOR RESIDENCY

Lai	ke		ake Forest Drive sburgh, NY 12903	
(L	Forest	, ,	-6431 Fax: (518) 561-14 www.onlakeforest.org	99
Preferred U	nit Style: 🗌 Apartment: 1	-bedroom 2 bedro	oom Duplex Style: "A"	"B" "C" (circle)
If you prefer	an apartment, how will you	be paying? Rent	DR One-time Equity Fee	plus Monthly Fees
Personal Info	rmation:			
Primary Apj	plicant:			
Telephone #:	elephone #: Email Address:			
Mailing Add	ress:			
Birth Date:		Marital Status: 🗆 S	ingle 🗆 Married 🛛 Wide	owed Divorced
Co-Applican	nt:			
Relationship to Primary Applicant:Birth Date:				
<u>Children, Ne</u>	earest Relative, Or Emerge	ency Contact(s):		
Name	2	Address	<u>T</u>	elephone #
1				
2				
3				
Personal Refe	erences:			
			Phone #'s'	
Address:				

Approx. Net Worth	Monthly Income	Annual Income
Under \$50,000	Social Security	Under \$24,999
\$50,000-\$99,999	Pension	□ \$25,000—\$34,999
\$100,000-\$500,000	Insurance/Annuity	□ \$35,000—\$49,999
Over \$500,000	Investment	\$50,000\$74,999
	Real Estate	\$75,000-\$99,999
		Above \$100,000
Do you have a financial Power of	Attorney (POA)? Yes No)
Name of POA:		
Address of POA:		
Phone Number(s):		
Do you have a Living Trust?	Yes No	
Name of Trustee:		
Address of Trustee:		
Phone Number(s):		

Lake Forest Senior Living Community, Inc. is a not-for-profit corporation in New York State, governed by a Board of Directors. Lake Forest practices non-discrimination in the promotion of dwelling units and in the execution of Residency Agreements. Residency will not be denied to any person because of gender, race, religion, sexual orientation, or national origin. An Offering Plan (disclosure document) was filed with the New York State Department of Law and approved by the State Attorney General as of August 17, 1998. This Offering Plan is available upon request.

<u>Congregate Apartments:</u> A \$1,500.00 non-refundable application fee is required to be placed on the waiting list. In some cases, a refund will be honored.

<u>Duplex Units:</u> A \$2,500.00 non-refundable application fee is required to be placed on the waiting list. In some cases, a refund will be honored.

This application should be completed prior to reserving a unit. Once submitted, it will be reviewed. If additional information is needed to complete the application process, you will be notified. An applicant who does not meet residence criteria may be denied occupancy.

Preferred Move-in Time Frame & Signatures:

I declare that all statements made herein are true and complete to my best knowledge and belief. In witness whereof I have set my signature to this application this _____ day of ______ 20____.

Primary Applicant's Signature

Co-Applicant's Signature