

# RAINTREE SQUARE APARTMENTS

2820 S. Memorial Drive, New Castle IN 47362

## APPLICATION AND CONFIDENTIAL INFORMATION FOR TENANT FILES

Name of Applicant \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Spouse (if living) \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Present Address \_\_\_\_\_  
(Street/Road) (City) (State) (Zip)

With Whom Are You Living (If not in your own home)? \_\_\_\_\_

Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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	<u>APPLICANT</u>	<u>SPOUSE (if living)</u>
Social Security #	_____	_____
Date of Birth:	_____	_____
Place of Birth:	_____	_____
Date of Marriage	_____	_____

### LIVING CHILDREN or NEAREST RELATIVE:

Full Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Chronic Illnesses \_\_\_\_\_

Medications Presently Being Taken \_\_\_\_\_

\_\_\_\_\_

Church Affiliation \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Attorney's Name \_\_\_\_\_ Phone \_\_\_\_\_

Have You Filed A Will? YES \_\_\_\_ NO \_\_\_\_ Do You Have A Living Will? YES \_\_\_\_ NO \_\_\_\_

Do You Want CPR Done? YES \_\_\_\_ NO \_\_\_\_

Name of Power of Attorney (If You Have One) \_\_\_\_\_

Funeral Home Choice \_\_\_\_\_ Phone \_\_\_\_\_

Have You Made Pre-arrangements With Them? YES \_\_\_\_ NO \_\_\_\_

If Yes, Description of Automobile:

Make \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Name of Persons To Be Notified In Case of Illness:

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_ Home Ph. # \_\_\_\_\_ Work Ph. # \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_ Home Ph. # \_\_\_\_\_ Work Ph. # \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship \_\_\_\_\_ Home Ph. # \_\_\_\_\_ Work Ph. # \_\_\_\_\_

I HEREBY DECLARE THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IN WITNESS WHEREOF I HEREUNTO SET MY HAND TO THIS APPLICATION THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_

Witness

\_\_\_\_\_

Applicant

\_\_\_\_\_

Witness

\_\_\_\_\_

Applicant