



Apartment# _____

Date Received _____

Check # _____

DOWLING GARDENS APPLICATION

PLEASE PRINT

Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Social Security # _____

Email _____ Cell phone# _____

If you will share the apartment with another person:

Name _____ Date of Birth ____/____/____

Relationship _____ Social Security# _____

Are you a citizen of the U.S.? _____ Occupation (Past or present) _____

Do you require the assistance of an aide on a full or part time basis?

Do you use: A wheelchair _____ A walker _____ Crutches or cane _____

Any limitations on activity due to eyesight, heart condition, hearing, etc? _____

If "yes," please specify _____

Please list 2 persons other than relatives whom we may contact as character references, e.g., clergy, neighbor, social worker, etc.

1. Name _____

Address _____

Telephone _____

2. Name _____

Address _____

Telephone _____

FINANCIAL DATA

1. INCOME: PLEASE ATTACH COPY OF RECENT NEW YORK STATE INCOME TAX RETURN OR SOCIAL SECURITY AWARD LETTER. Please list below any and all MONTHLY INCOME you receive. If 2 persons are applying for an apartment, please indicate second person's income in the spaces provided.

	<u>Person 1</u>	<u>Person 2</u>
Social Security	\$_____ monthly	\$_____
S.S.I. Payment	\$_____ monthly	\$_____
Pension #1	\$_____ monthly	\$_____
Pension #2	\$_____ monthly	\$_____
Veteran's Benefit	\$_____ monthly	\$_____
Wages	\$_____ monthly	\$_____
Disability	\$_____ monthly	\$_____
Alimony	\$_____ monthly	\$_____
Other (specify)	\$_____ monthly	\$_____
TOTAL MONTHLY INCOME	\$_____ x12 =	\$_____ TOTAL YEARLY INCOME

2. ASSETS:

\$_____ TOTAL of all savings accounts, CD's, money market accounts, T-Bills, etc.

\$_____ TOTAL YEARLY INTEREST from savings, CD's, money market accounts, etc. (You can obtain this information from the total of amounts listed on the 1099 forms sent to you by banks at the end of the last calendar year.)

3. Please list below any and all income you receive from STOCKS AND BONDS .

<u>NAME of STOCK/BOND</u>	<u>MARKET VALUE PER SHARE</u>	<u>#of SHARES</u>	<u>TOTAL ANNUAL DIVIDENDS</u>
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4. Please list ALL BANKS used and the ACCOUNT NUMBERS in each bank.

<u>NAME and ADDRESS of BANK</u>	<u>ACCOUNT NUMBER- LAST 4 DIGITS ONLY</u>
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Checking

Savings, passbooks accounts, money market accounts, CD's etc

PERSON TO CONTACT IN CASE OF EMERGENCY

Name _____ Telephone _____

Address _____ Relationship _____

Email _____

Please list 2 businesses we may contact as credit references.

You may name phone and utility companies.

1. _____

2. _____

The following information is required for statistical purposes so that federal and state agencies may determine the degree to which their programs are utilized. This information must be completed. It will not affect the processing of this application.

RACIAL GROUP IDENTIFICATION: Please check one group which identifies the head of the household:

White Black American Indian/Alaskan Native
 Asian or Pacific Islander

ETHNICITY: Hispanic Non-Hispanic

Please let us know how you heard about Dowling Gardens:

Word of Mouth Internet/Website Office of the Aging
 Other (Please explain) _____

Return the completed application to:

Dowling Gardens
190 Kings Highway
P.O. Box 276
Sparkill, NY 10976-0276