



Required Inquiry Information

501 N 10th Street * Hamilton, Montana 59840 * (406) 363-2800

I/We hereby request information from Sapphire Lutheran Homes, Inc. I would like more information on: (circle one) Sapphire Lutheran Homes * Memory Lane * The Remington * The Manor * Canyon View

Section 1: Personnel Information Top of Form

Date: _____

Name: _____ (Last) _____ (First) _____ Middle

Phone number: _____

SS Number: ___ - ___ - ____ Date of Birth: __ / __ / ____

Marital Status: Single Married Divorced Other Widowed

Spouse: _____ (Last) _____ (First) _____ Middle

Phone number: _____

SS Number: ___ - ___ - ____ Date of Birth: __ / __ / ____

Children (if any): _____

Emergency Contact: _____ (Name) _____ (Address) _____ (Phone)

Section 2 Housing

Are you looking for an Independent or Assisted Living Apartment, Memory Care or Subsidized?

What style of apartment are you looking for? One Bedroom Two Bedroom Studio

Currently do you: (Check those that apply)

Own your own Home Rent Live with others Other (explain) _____

Address: _____ City: _____ State: _____ Zip: _____

If you rent, who is your present landlord?

(Name, address and phone)

If you moved within the past five years, please specify:

Table with 3 columns: Address, Telephone #, Dates (From: to:). Rows include Address, Telephone #, and Dates.

Section 3 Employment History

Please describe all current paid employment of all adults in apartment.

Resident	Occupation	Company	Address	Phone #	Dates

Section 4 Financial Status

Sapphire Lutheran Homes serves all income levels. A limited number of the apartments at Sapphire Lutheran Homes are available at reduced rents for qualified applicants. This information must be up-dated and all income must be verified prior to application acceptance. (If additional information is needed attach a separate sheet)

ALL Sources of Income for all applicants (per month):

Social Security: _____
Pension/Retirement: _____
Veterans Benefits: _____
Disability AFDC: _____
Government Support: _____
Other: _____
Other: _____

Total: _____

List ALL active Accounts (savings, checking, loan, investments)

1. _____
 Name of Bank/lender Account # Amount
2. _____
 Name of Bank/lender Account # Amount
3. _____
 Name of Bank/lender Account # Amount

Have you ever been convicted of a Felony? Yes or No

The filling out of this document does not entitle you to occupy an apartment at Sapphire Lutheran Homes. The information in which you have provided we help us to better serve you individual needs.

I certify that the facts set forth in this confidential Resident application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that the information provided above may be verified, and I further authorize any investigation of my resident history, employment history, credit/financial record, and criminal history. We require a Deposit and the first month's rent before you move in. This must be paid in full before we give you the keys to the apartment. If you do not rent, by your choice, your deposit will be forfeited. We will require a lease, which must be signed by all adults who will live in the apartment.

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any other owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible to the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act sat 208 (a) (6) (7) and (8). Violation of these provisions are cited as violations of 42 U.S. C 408 (a) (6) (7) and (8).

Applicant Signature: _____ Date: _____