



APPLICATION FOR RESIDENCY

Applicant 1

First Name:

Last Name:

Address:

City:

Zip Code:

Phone Number:

Social Security #:

M/F:

Relationship to Applicant 2:

Applicant 2

First Name:

Last Name:

Address:

City:

Zip Code:

Phone Number:

Social Security #:

M/F:

Relationship to Applicant 1:

Please indicate which type of unit you are interested in: Assisted Living _____
Memory Care _____

Please indicate which of the City's Preference Categories applies to you-- this should be consistent with what you indicated in the Pre-application

Preference Category 1:
Currently Living in an affordable senior independent project in Pleasanton.....

Preference Category 2:
Currently Living in Pleasanton.....

Preference Category 3:
Have a relative, including a domestic partner or primary caregiver, who lives in Pleasanton.....

Preference Category 4:
Have a relative, including a domestic partner or primary caregiver, who works in Pleasanton.....

Preference Category 5:
None of the above.....

PLEASE SEE THE ATTACHED "APPLICATION CHECKLIST" WHICH INDICATES THE DOCUMENTATION THAT IS REQUIRED TO DETERMINE ELIGIBILITY UNDER THE CITY'S PREFERENCE SYSTEM AS WELL AS THE INFORMATION NECESSARY TO VERIFY INDIVIDUAL OR HOUSEHOLD INCOME.

INCOME VERIFICATION

Please complete the following income information for each household member. Include all income anticipated for the next twelve (12) months and attached supporting documnts listed on the APPLICATION CHECKLIST.

The Following are possible sources of income: (Use reverse side if necessary)

- Social Security, SSI or any other payments from Social Security Administration
- Veteran's Benefits, Pensions, retirement Benefits or Annuities
- Disability, death benefits or life insurance dividends
- Stock Dividends
- Payments from rental properties, land contracts, or other forms of real estate
- Public Assistance, General Relief
- Employment, wages or salaries - include overtime, tips, bonuses, commissions, and payments received in cash
- Self-employment
- Unemployment benefits
- Worker's Compensation
- Child Support or Alimony
- Settlements
- Lottery Winnings or inheritances
- Severance Payments

Applicant #1

Name: _____ Drivers License/ID # _____

| | |
|-------------------------------|----------------------------------|
| Primary Income Source: | Amount received per year: |
| Indicate Type of Income: | \$ _____ |

Address _____

City _____

State _____

Zip Code _____

| | |
|------------------------------------|---------------------------------|
| Additional Income Source 1: | Amount received per year |
| Indicate Type of Income: | \$ _____ |

Address

City

State

Zip Code

Additional Income Source 2:

Amount received per year

Indicate Type of Income:

\$

Address

City

State

Zip Code

Additional Income Source 3:

Amount received per year

Indicate Type of Income:

\$

Address

City

State

Zip Code

Applicant #2

Name:

Drivers License/ID #

Primary Income Source:

Amount received per year:

Indicate Type of Income:

\$

Address

City

State

Zip Code

Additional Income Source 1:

Amount received per year

Indicate Type of Income:

\$

Address

City

State

Zip Code

Additional Income Source 2:

Amount received per year

Indicate Type of Income:

\$

Address

City

State

Zip Code

Additional Income Source 3:

Amount received per year

Indicate Type of Income:

\$

Address

City

State

Zip Code

| | |
|------------------------------|-----------|
| Total Income Per Year | \$ |
|------------------------------|-----------|

ASSETS

Please complete the following asset information for each household member and attach supporting documents listed on the APPLICATION CHECKLIST derived from the asset in the space provided. Include assets that may be held jointly with another person.

The following would be considered assets:

- Checking or savings accounts
- CD's, money market accounts, or treasury bills
- Pensions, IRA's, KEOGH or other retirement accounts
- Real estate, rental property, land contracts for deeds or other real estate holdings
- Insurance Settlements
- Stocks, bonds or securities
- Trust funds
- Personal property as an investment
- Any other asset not listed

Applicant #1 - Assets

| Checking or Savings Account Number # | Balance/Value \$ |
|--------------------------------------|------------------|
| Name on the Account | |
| Name of Bank or Institution | |
| Address | |
| City | |
| Zip Code | |

| Other Asset (indicate type): | Balance/Value \$ |
|------------------------------|------------------|
| Name on the Account | |
| Name of Bank or Institution | |
| Address | |
| City | |
| Zip Code | |
| | |

| | |
|-----------------------------|------------------|
| Other Asset (indicate type) | Balance/Value \$ |
| Name on the Account | |
| Name of Bank or Institution | |
| Address | |
| City | |
| Zip Code | |

Applicant #2 - Assets

| | |
|--------------------------------------|------------------|
| Checking or Savings Account Number # | Balance/Value \$ |
| Name on the Account | |
| Name of Bank or Institution | |
| Address | |
| City | |
| Zip Code | |

| | |
|------------------------------|------------------|
| Other Asset (indicate type): | Balance/Value \$ |
| Name on the Account | |
| Name of Bank or Institution | |
| Address | |
| City | |
| Zip Code | |

| | |
|-----------------------------|------------------|
| Other Asset (indicate type) | Balance/Value \$ |
| Name on the Account | |
| Name of Bank or Institution | |
| Address | |
| City | |
| Zip Code | |

Please answer the following questions:

Section 8 Rental Assistance:
 Do you possess a current Section 8 voucher or certificate? Yes _____ NO _____

If Yes, please provide the name and address of your County or City Housing Authority:
 Name:
 Address:

Zero Income Verification:
 Are YOU or is ANY other member of your household claiming zero (0) income?
 Indicate Applicant's Name:

I certify that the foregoing information is true, complete and correct. I also understand that false statements or omissions are grounds for disqualification for the affordable assisted living program.

Inquiries may be made to verify the statements herein. I authorize the release of the requested information to Eskaton for purposes of income verification.

| | |
|--------------|------|
| Applicant #1 | Date |
| Applicant #2 | Date |

IF SOMEONE HAS HELPED YOU FILL OUT THIS APPLICATION, PLEASE PROVIDE THEIR NAME AND CONTACT INFORMATION, INCLUDING THEIR PHONE NUMBER.

