

**Linwood Place Apartments Application for Residency
A Ministry of Fox Valley Lutheran Homes**

Date _____

Name - Tenant 1 _____ Date of Birth _____

Name - Tenant 2 _____ Date of Birth _____

Address _____

City, State, Zip _____

Tenant 1 Phone _____ Cell _____ Email _____

Tenant 2 Phone _____ Cell _____ Email _____

Social Security # Tenant 1 _____ Tenant 2 _____ (for background/credit check)

What type of apartment do you prefer?

_____ One Bedroom / 1 bath

_____ Two Bedrooms / 1 bath

_____ Two Bedrooms / 1-1/2 baths

Which floor would you prefer? _____ 1st _____ 2nd _____ 3rd

View Preference? _____ Facing park/street _____ Facing back yard/garages

Do you need a garage? _____ Underground parking _____ Detached garage parking

Car make _____ Car model _____ License plate # _____

When will you be ready to move in? _____

Do you understand this is Independent Living? _____ Yes _____ No

Do you understand this is a non-smoking complex? _____ Yes _____ No

Do you use any of the following? _____ Wheelchair _____ Cane _____ Hearing Aide(s)

_____ Walker _____ Lifeline _____ Seat for tub _____ Walk-in Shower _____ Low Vision Equipment

Clarification of above needs

Do you have pets? (We allow 2 cats, birds & fish) _____ Yes _____ No

Security deposit to hold Check received _____ Amount _____

Credit & Background Check - \$25 payable to FVLH, to do a credit & background check on me (and my spouse). It is the policy of FVLH to do a credit & background check on prospective tenants as part of the approval process. Check received _____ Amount _____

_____ Copy of Driver's License of ID

_____ Copy of Renters Liability Insurance

Release & Authorization

I hereby authorize Fox Valley Lutheran Homes (FVLH) to use:

_____ Yes _____ No My image for identification purposes to ensure my personal safety and well-being.

_____ Yes _____ No My name, apartment number and phone number to be listed on the in-house tenant roster / telephone list.

_____ Yes _____ No My image, voice, and name for use in virtual marketing and printed material to promote and/or solicit donations to support the mission and ministry of FVLH.

I represent that I have a right to enter into this agreement and that the above designated use of my appearance will not violate any right of any third party.

By signing this authorization, I also release and hold harmless Fox Valley Lutheran Homes from all claims arising from the use of my name, voice, and picture in connection with the program. (As applicable to the above selections.)

Signature _____ Date _____

EMERGENCY CONTACTS

Tenant Name _____ Apartment # _____

Primary Emergency Contact Name _____

Relationship _____

Address _____

City, State, Zip _____

Phone _____ Cell _____ Email _____

2nd Emergency Contact Name _____

Relationship _____

Address _____

City, State, Zip _____

Phone _____ Cell _____ Email _____