

SACRED HEART VILLA
Housing For Seniors



PRE-APPLICATION

Name: _____
Last First Middle

Date of Birth: _____ Maiden Name: _____

Phone Day: (____) _____ Phone Evening: (____) _____

Address: _____
City _____ State _____ Zip _____

Marital Status: Single Married Widowed Other _____

Spouse: _____
Last First Middle

Date of Birth: _____ Maiden Name: _____

Will both spouses occupy the unit? Yes No

Is either spouse living at a separate address for health reasons? Yes No

Explain: _____

I would like to move in about _____.

Apartment Type

Are you interested in (check all appropriate)

Studio One Bedroom One Bedroom with Den Two Bedroom

Do you own a car? Yes No

I am interested in covered parking spot in the garage Yes No

Financial Information:

Current average monthly income: \$ _____

Assets to draw on for monthly expenses: \$ _____

Other resources: \$ _____

Are you anticipating a change in this information? Yes No (If yes, please explain on back)

Veteran Information:

Financial benefits from the Veteran's Administration may be available to assist you with housing needs.

Have you or your spouse served 90 days active duty with at least one day served during wartime and have been honorable discharged? Yes No.

How did you hear about Sacred Heart Villa?

___ live in the area ___ drove by ___ advertisement ___ parishioner at Sacred Heart Church
___ friend ___ other: