

Kountze Memorial Inc.

deFreese

Manor



Secure Senior Housing

2669 Dodge St. Omaha, NE 68131
(402) 345-0622 / Fax (402)341-9631

Date _____

Applicant Information & Residence History:

Applicant	Co-Applicant
Name:	Name:
Address:	Address:
City, State, Zip Code:	City, State, Zip Code:
Phone:	Phone:
How long at this address	How long at this address?
Landlords Name:	Landlords Name:
Landlords phone:	Landlords phone:
Landlord's Address:	Landlord's Address:
Prior Landlord:	Prior Landlord:
Landlords Phone:	Landlords Phone:
Landlord's Address:	Landlord's Address:
Race (Please Circle): Caucasian African American Hispanic Asian American Indian Pacific Islander other	Race (Please Circle): Caucasian African American Hispanic Asian American Indian Pacific Islander other

Reason for moving _____

First Names of Household Members	Relationship to Head	Sex	Place of Birth	Date of Birth	Social Security Number
	Head				

Monthly Income	Head	Co-Applicant
Wages, Salaries	\$	\$
Social Security	\$	\$
SSI	\$	\$
Pensions	\$	\$
Other	\$	\$
Total Monthly Income	\$	\$

Anticipated monthly amount to be spent for medical expenses _____

References: Name _____ Address _____

Bank name _____

Checking Account# _____ Savings Account# _____

Have you disposed of any assets for less than **Fair Market Value** during the two years preceding the effective date of this application? (Circle) Yes No

Date assets disposed of? _____

Amount Received for assets _____

Market value of assets at time of disposition _____

Are you a student? _____

Please read each item carefully before you sign:

- I certify that the information provided is true & complete to the best of my knowledge.
- I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications may be necessary to complete the application process.
- I hereby give deFreese Manor authorization to verify the information in this application.

_____ Date _____
Applicant #1 Signature (Head)

_____ Date _____
Applicant #2 Signature (Co-Applicant)

Addendum to Application

For: _____

Applicant Name and Social Security Number

I hereby authorize deFreese Manor or their agents to verify the information on the application. Verification or re-verification of any information contained in the application will be retained by deFreese Manor. I hereby authorize Tenant Data Services Inc. to obtain information about me, including, but not limited to, this application, my credit, my tenant history, my check writing history, any court records and/or my criminal record, and I hereby authorize & instruct any entity or person contacted by Tenant Data Services Inc. or deFreese Manor or deFreese Manor's agents to release such information to them. Upon request, Tenant Data will provide the name & phone number of the source of the information used in the verification process.

Applicant: _____ Date: _____
A photocopy or fax may be used in lieu of the original.

Leasing Agent: _____ Date: _____