



LUTHERAN SENIOR SERVICES, INC.
 1201 North Harrison Street, Wilmington, DE 19806
 Office - 302-652-3737 • Fax: 302-652-0704
 TTY 1-800-232-5460
 Luther Towers I 302-652-8797
 Luther Towers II 302-654-4490



APPLICATION FOR RESIDENCY

Applicants must be 62 years of age or older*

Please complete each line on this application – if it does not apply, put N/A

APPLICANT INFORMATION: How Did You Hear About Us?		
Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> Through Family <input type="checkbox"/> Through Word of Mouth <input type="checkbox"/> Internet <input type="checkbox"/>		
Last Name	First Name	Middle Initial
Address:	Birthdate (Applicants must be 62 or older)	___/___/19__ *
	Social Security #:	
	Annual Income:	
	Day Phone:	
E-Mail Address:	Evening Phone:	
Requested Apartment Size: Efficiency <input type="checkbox"/> One Bedroom <input type="checkbox"/> Accessible <input type="checkbox"/>	U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you need support services? Yes ___ No ___	*Please submit a copy of your latest Social Security Statement or other proof of age and income	
Maiden Name: _____	Driver's License or ID #: _____	
Do you own a home or land? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name and Address of Your <u>Present Landlord</u>		Telephone Number:
		Fax Number:
		Present Rent:
		How Long Have You Lived There:
		Reason for Leaving:
e-mail:		
Name and Address of Your <u>Former Landlord</u>		Telephone Number:
		How Long Did You Live There:
		Reason for Leaving:
e-mail:		



Have you ever been convicted of a felony? Yes No **If yes, please explain.**

- _____

- Are you subject to a lifetime registration requirement under any state's sex offender registration program? Yes No
- Are you engaged in the use of illegal drugs? Yes No
Alcohol? Yes No
- Have you ever been convicted of manufacturing or producing methamphetamine (commonly referred to as speed)?
Yes No If yes, when? (Date: Month/Year) _____
- Have you committed any drug-related activities within the last twelve (12) months?
Yes No If yes, when? (Date: Month/Year) _____
- Have you been evicted from Public Housing or Section 8 Housing Subsidy for committing a drug-related activity within the last three (3) years?
Yes No If yes, when? (date: Month/Year) _____

List Two References: First Reference (**not a family member**)

Name:

Address:

Phone #:

Fax:

e-mail:

Second Reference (**not a family member**)

Name:

Address:

Phone #:

Fax:

e-mail:

I understand that the above information is being provided to determine my eligibility. By my signature I authorize the Lutheran Senior Services, Inc., to verify all information provided on this application.

Signature

PLEASE SIGN, DATE AND RETURN

Date

Mail to: Susan Pugh
Admissions Director
Lutheran Senior Services, Inc
1201 North Harrison Street
Wilmington, Delaware 19806