



Ursuline Sisters Senior Living Application Form

The completion of this application requires no obligation on the part of the applicant nor the management. It does establish an interest and eligibility. The information provided will be kept confidential. Please complete all information and return to Ursuline Sisters Senior Living by mail to 4250 Shields Road, Canfield, Ohio 44406 or by email or info@ursulinesistersseniorliving.org.

APPLICANT'S HOUSEHOLD INFORMATION

Last Name _____ First _____ Middle Initial _____
Street Address _____ Apt # _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Married Widow/Widower Single Separated/ Divorced Gender _____
Date of Birth _____ Age _____ Email _____

EMPLOYMENT

Full Time Part-Time Retired
Place of Employment _____
Work Phone _____

INCOME

Social Security \$ _____ SSI \$ _____ Other (Pension) \$ _____
Volunteer Work/Where _____

REFERENCES

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

CURRENT RESIDENCE

Own Rent Years at current location _____
Name of current landlord _____ Phone _____
Reason for Moving _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work _____ Work Number _____

Name _____ Phone _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work _____ Work Number _____

Primary Care Doctor _____ Phone _____
Hospital Preference _____

ADDITIONAL INFORMATION

Vehicle Make/ Model/ Year _____ Color _____
State/License Plate _____

How did you hear about Ursuline Sisters Senior Living?

Do you know any of the residents? _____ If yes, who _____
Your Special Interests/Hobbies _____

Are you willing to comply with a background check? Yes No

APARTMENT PREFERENCE

One Bedroom Two Bedroom

I certify that I have reviewed the information contained in my application and I verify that statements are current, true, and correct.

Signature _____ Date _____

FOR OFFICE USE ONLY DATE APPLICATION RECEIVED _____
