

Assisted Living Housing Application



Jones-Harrison
Established 1888

Honoring the full circle of life.

Active List Inactive List

Instructions:

1. No Application Fee Necessary
2. Complete this form
3. Return to:
Jones-Harrison
Assisted Living
3700 Cedar Lake Ave.
Minneapolis, MN 55416

NAME _____

ADDRESS _____

HOME PHONE (_____) _____

DATE OF BIRTH _____ / _____ / _____

NEAREST RELATIVES OR INTERESTED PARTIES:

(1) Primary Contact

(2) Secondary Contact

Name

Name

Address

Address

Relationship

Relationship

Home Phone

Home Phone

Work Phone

Work Phone

Lakeside Building

One bedroom _____

Deluxe one bedroom _____

Two bedroom _____

Dyckman Building

Studio without kitchen _____

Two bedroom _____

West Hall Building

One bedroom+den _____

One bedroom _____

Studio with kitchen _____

FINANCIAL INFORMATION:

Do you _____ Own or _____ Rent?

If rent, name of the landlord or management agent. _____

TOTAL ASSETS (value of home, stocks, bonds, savings accounts, etc.)

Monthly Income

Liabilities

Social Security \$ _____

Loans \$ _____

Pension/Annuity \$ _____

Other debts (explain) \$ _____

Savings/Investments \$ _____

Other \$ _____

Total Monthly Income \$ _____

Total Liabilities \$ _____

_____ Monthly Medication Expense \$ _____

Estimated length of time you feel that you will be able to meet all of the financial expenses in Assisted Living:

_____ months or _____ years

I/We certify that all the information contained in this application is accurate and complete to the best of my/our knowledge. I/We authorize you to verify this information and/or obtain additional information by securing the data from a credit reporting agency.

Billing to: Resident _____ and below named _____

Name: _____ Relationship _____

Address: _____
Street

_____ City State Zip

Signature Date

Signature Date