



Assisted Living Housing Application

RETURN TO: Jones-Harrison Assisted Living, 3700 Cedar Lake Ave., Minneapolis, MN 55416 Application Received _____

How did you hear about Jones-Harrison? _____

Applicant's Name(s) _____

Address _____
Street City State Zip

Email _____ Phone (_____) _____ Cell Home

Date of Birth _____ / _____ / _____ 2nd Applicant's Date of Birth _____ / _____ / _____

SSN _____ 2nd Applicant's SSN _____

PRIMARY CONTACT

Name _____

Relationship to Applicant _____

Address _____

City _____

State / ZIP _____

Email _____

Cell Phone (_____) _____

Home Phone (_____) _____

SECONDARY CONTACT

Name _____

Relationship to Applicant _____

Address _____

City _____

State / ZIP _____

Email _____

Cell Phone (_____) _____

Home Phone (_____) _____

Desired Occupancy Date Immediately 1-3 Months Within 1 Year Other _____

Apartment Preference Studio One-bedroom One-bedroom + Den Two-bedroom
 Lake View Closer to Elevator Garden View
 The Garden Memory Care

I / We certify that all the information contained in this **Application and Financial Statement** is accurate and complete to the best of my / our knowledge. I / We authorize Jones-Harrison to verify this information and / or obtain this information as needed.

Signature of Applicant or Representative

Date

Signature of Applicant or Representative

Date

.....

FOR OFFICE USE ONLY

Units Toured _____

Notes _____

CURRENT SOURCE OF INCOME

Source	Monthly Income	Expected Duration
1. Social Security	_____	_____
2. Pensions - Retirement	_____	_____
3. Rentals	_____	_____
4. Interest	_____	_____
5. Other	_____	_____
TOTAL INCOME	_____	_____

CURRENT ASSETS

Real Estate

Location - City, State	Remaining Mortgage Balance	Market Value
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

Investments (stocks / bonds, trusts, portfolios, etc.)

Source	Latest Market Value
A. _____	_____
B. _____	_____
C. _____	_____

Financial Institution Accounts and All Other Income or Assets

Name	Amount
A. _____	_____
B. _____	_____