



Grace Pointe

2890 Saffron Dr S, Fargo ND 58104

(701) 478-8900 FAX (701) 478-8920

TTY Dial: 711

Personal Information			
Applicant Name	First:	MI:	Last:
Date of Birth: ___/___/___	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Social Security Number: ___ - ___ - _____	
Civil Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			
Phone Number:		Email:	
Cell:	Home:		
Current Home Address	Street:	Do you rent? Yes - No	How long at this address? _____
	City:	State:	Zip:
Current Landlord (If applicable)	Landlord Name or Company:		Phone number:
	Reason for moving:		
Previous Home Address (if less than 5 years)	Street:	Did you rent? Yes - No	How long at this address? _____
	City:	State:	Zip:
Previous Landlord (if applicable)	Landlord Name or Company:		Phone number:
	Reason for moving:		
Proposed Additional Occupant			
Name:		Relationship:	Date of Birth: ___/___/___
Phone number:		Social Security Number: ___ - ___ - _____	
Vehicle Information			
Make:	Year:	Model:	License Plate Number:
MISC. & Billing Information			
Veteran Status: Are you a veteran?		Are you a spouse of a veteran?	
Financial Statements: <i>If you would like your bill sent to another party such as Power of Attorney, Trust Officer, etc. please list below. If the bill should be sent directly to you simply write "self".</i>			
Mail to - Name: _____		Relationship: _____	
Street Address: _____			
City: _____	State: _____	Zip Code _____	

Emergency Notification

Please list three people you would want to be contacted in an emergency. List in order of who you would want to be called first. Bethany staff contact only one person. When one person is reached, additional calls are not made by Bethany staff.

Name	Relationship	Address <i>(include exact mailing address)</i>	Phone Numbers
1.			H:
			W:
			C:
			E:
2.			H:
			W:
			C:
			E:
3.			H:
			W:
			C:
			E:

Have you the applicant been a resident of Bethany in previous years? Yes or No Approximately what year?

Preferred Placement: First Available Opening Future Placement
 Comments Regarding placement preferences (size, location, etc.):

The undersigned represents that all of the above statements are true and complete and hereby authorizes Bethany Retirement Living, its employees and agents to contact and obtain information from any individuals or entities that may have information regarding past residential arrangements of the undersigned. The undersigned hereby indemnify and hold harmless American Lutheran Homes, Inc. & Bethany on 42nd St, its employees and agents and all other individuals or entities contacted by American Lutheran Homes, Inc. & Bethany on 42nd St., from all causes of action, expenses, losses or damages of any kind arising from or related to any information obtained regarding the undersigned. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap or national origin in compliance with the Fair Housing Act. This application is preliminary only and does not obligate American Lutheran Homes, Inc. & Bethany on 42nd St to deliver possession or keys to the premises. No contract will be established between the parties until a lease agreement and/or Commitment to Rent has been signed by all parties. For the safety of our tenants a criminal and credit history will be conducted by Advantage Credit Bureau. Bethany Retirement Living reserves the right to refuse rental to persons with a criminal history. Following the review of credit history and at the discretion of Bethany Retirement Living, a co-signer may be required.

Applicant
 Signature: _____ Date: _____

Co-Applicant
 Signature: _____ Date: _____

