



LUTHERAN SUNSET HOME

Leisure Estates Tenancy (Assisted Living) Application

**405 Eastern Avenue
Grafton, ND 58237
Phone (701) 352-1901
Fax (701) 352-1926**

Leisure Estates

333 Eastern Avenue
Grafton, ND 58237
Phone 701-352-1901 Fax 701-352-1926

Application for Tenancy

IDENTIFICATION:

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name: _____

Address (Street, City, State, and Zip): _____

Phone: _____

Email: _____

PERSONAL INFORMATION:

Date of Birth: _____ Age: _____ SSN: _____-_____-_____

Sex: _____ Race: _____ Marital Status: _____ Spouse Name: _____

Previous Occupation: _____ Birthplace: _____

Religion: _____ Church: _____

Military Veteran: Yes _____ No _____ Branch: _____

Have you ever been convicted of or pled guilty to a sexual offense in a court of law? Yes _____ No _____

MEDICAL DESIGNATIONS:

Local Physician: _____ Phone No: _____

Local Optometrist/Ophthalmologist: _____ Phone No: _____

Local Dentist: _____ Phone No: _____

Local Pharmacy: _____ Phone No: _____

If outside of Grafton, Primary MD: _____ Phone No: _____

NOTIFY IN EMERGENCY:

1) Name: _____ Relationship: _____

Address (Street, City, State, and Zip): _____

Telephone No: (H) _____ (W) _____ (C) _____

Email Address: _____

2) Name: _____ Relationship: _____

Address (Street, City, State, and Zip): _____

Telephone No: (H) _____ (W) _____ (C) _____

Email Address: _____

3) Name: _____ Relationship: _____

Address (Street, City, State, and Zip): _____

Telephone No: (H) _____ (W) _____ (C) _____

Email Address: _____

ADVANCED DIRECTIVES:

Please list Power of Attorney (POA) as described in legal document*

POA for Financial: _____ POA for Healthcare: _____
or POA for Both (Financial and Healthcare): _____

If no legally designated Power of Attorney, please list appointed decision makers:

Medical Decision Maker: _____ Financial Decision Maker _____

Please provide Leisure Estates with a copy of these documents upon admission

INSURANCE INFORMATION:

Medicare Number: _____ Part A: _____ Effective Date: _____
Part B: _____ Effective Date: _____

Medicare Supplement Ins.: _____ Policy No.: _____
Address: _____
Phone No: _____

Do you have a Medicare Replacement policy: Yes _____ No _____

If yes, Name: _____ Policy No.: _____
Address: _____
Phone No: _____

Long Term Care Ins: _____ Policy No.: _____
Address: _____
Phone No: _____

Long Term Care Ins: _____ Policy No.: _____
Address: _____
Phone No: _____

Do you have a Medicare D (prescription drug) Plan? Yes _____ No _____ Effective Date: _____
Plan Name: _____ Policy No: _____

Other Insurance: _____

BILLING PARTY: (who we send the billing statement to)

Name: _____ Relationship: _____
Address (Street, City, State, and Zip): _____
Telephone No: (H) _____ (W) _____ (C) _____

FUNERAL HOME PREFERENCE:

Name: _____ Phone: _____
Address (Street, City, State, and Zip): _____

APARTMENT PREFERENCE:

Type of apartment desired: _____ 1 bedroom _____ 2 bedroom
Do you require a handicap apartment? _____ Yes _____ No

_____ **ACTIVE:** I wish to be placed on the "Active" list at this time. I understand that if after I have been notified twice of availability and have declined, I will be moved to the "Inactive" list.

_____ **INACTIVE:** I wish to be placed on the "Inactive" list at this time and will notify Leisure Estates upon my availability.

I understand and agree that the foregoing application is not a contract or reservation for residence, in that by completing this application there is no assurance of tenancy. Nothing contained herein is binding on either party until a Lease Agreement has been signed by the parties involved. I also understand that prior to admission; I will be required to provide personal financial information.

I certify that the above information which I have provided in this application is true and correct to the best of my knowledge and belief. I authorize agents of Leisure Estates to verify the information contained in this application and to investigate any information further.

Signature of Applicant

Date

FOR LEISURE ESTATES OFFICE USE ONLY

Date Application Received _____

Apartment _____ Rented on _____

Security Deposit Received _____

Bedroom 1 _____ 2 _____

Check Number _____