

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 _____

Bedroom 1 _____ 2 _____

Security Deposit Received _____

Check Number _____

Date Originated: 12/2003

Date Revised: 1/2017

Date Effective: 12/2003

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