

APPLICATION FOR RESIDENCY

Dear Prospective Resident,

Thank you for your interest in our community! Along with this preliminary application for SEM Manor, we have enclosed a brochure containing information about SEM Manor in Anderson Township as well as other SEM Properties located in Milford. SEM Manor offers apartments designed for seniors, age 62* or older, and also offers reasonable accommodations (limited) for the disabled. Rental is based on adjusted income for those who qualify for assistance.

It is understood and agreed that the information provided in this application constitutes the inducement upon which the applicant(s) will be considered for residency. Information provided with this application is considered a part of any subsequent agreement between SEM Manor and the resident. Neither applicant nor SEM Manor is under any obligation until the application has been approved by SEM Manor, and the lease agreement executed.

Please do not leave any sections or questions on the application blank, even if questions do not apply to you. Enter "none" or "N/A" for those questions. Applications will not be considered unless they are filled in completely. All information must be verified by our office.

Additional information pertaining to incomes, expenses, or details of references that can verify the information you have provided may be written on the back of any page or on a separate sheet of paper.

You may return this information by mail or we will be glad to schedule an appointment for a tour if you choose to return the application in person.

Applicant's signature _____ Date _____

Please specify your preference below:

Studio apartment _____

One bedroom _____

*(A temporary "Age Waiver" has been granted to accept those 55 yrs. or older thru May 31, 2009.)

Office use only: DO NOT WRITE BELOW THIS LINE

Date received _____ time received _____

Manager's signature: _____

APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

APPLICANT NAME _____

CURRENT ADDRESS _____

HOME PHONE _____ WORK PHONE _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

1. List the head of household (yourself) and all other members who will be living in the unit. Give the relations of each family member to the head.

Members full name	Relationship	Birth Date &	Age	Sex	Social Security Number
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2. Race of Head of Household: (for statistical purposes only)

White Black American Indian/Alaskan Native Asian/Pacific Islander

3. Ethnicity of Head of Household: (for statistical purposes only)

Hispanic Non-Hispanic

4. Do you have any pets? yes no , If yes, what kind _____

5. How many vehicles does the family own: _____

List make, year, license, state and color for each:

6. Do you expect a change in your household composition? yes no

Explain if you answered yes _____

7. Is head of household or spouse handicapped or disabled? yes no

8. Are any other household members handicapped or disabled? yes no

9. Please identify any special housing needs your household has: _____

10. Are you enrolled as a student in an institute of higher education? yes no

If you checked yes, you must complete a student verification.

11. Are you now living in a Federally subsidized housing unit? yes no

If yes, Name of complex _____

Phone Number _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes," provide details in the charts below.

Does any member of your household:

- yes no 1. Work full time, part time or seasonally?
- yes no 2. Expect to work for any period during the next year?
- yes no 3. Work for someone who pays them cash?
- yes no 4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
- yes no 5. Now receive or expect to receive unemployment benefits?
- yes no 6. Now receive or expect to receive alimony?
- yes no 7. Have an entitlement to receive alimony that is not currently being received?
- yes no 8. Now receive or expect to receive public assistance (welfare)?
- yes no 9. Now receive or expect to receive Social Security Benefits?
- yes no 10. Now receive or expect to receive income from a pension or annuity?
- yes no 11. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- yes no 12. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
- yes no 13. Own real estate or any assets for which you receive no income (checking account or cash)?
- yes no 14. Have you sold or given away real property of other assets (including cash) in the past two years?
- yes no 15. Do you receive financial assistance as a student in an institute of higher learning?

Member Name Source of income/type of income Annual Income

ASSETS:

1. List all checking and savings accounts (including IRAs, Keogh accounts and Certificates of Deposit) of all household members.

Member Name Bank Name Type of Account Account # Balance Annual Interest

2. List the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member.

3. List the value of any assets disposed of for less than fair market value during the past two years.

EXPENSES

yes no Do you have Medicare? If yes, what is your monthly premium? _____

yes no Do you have any other kind of medical insurance? If yes, answer the following:

Name of Carrier _____

Monthly Premium \$ _____ p.m.

yes no Do you have outstanding medical bills? If yes, please list them _____

yes no Do you take any prescriptions on a continuing basis? If yes, answer the following:

Name of pharmacist _____

Monthly amount spent _____

PREVIOUS RENTAL HISTORY

Details of your Present Landlord- Name: _____

Address: _____

Phone Number _____ How long have you lived at that address? _____

Reason for leaving _____

Details of your Former Landlord-Name: _____

Address: _____

Phone Number _____ How long did you live there? _____

Reason for Leaving _____

Have you ever made application at another SEM facility (in Milford)? yes no

Which facility? _____ Was this application successful? yes no

Person to be contacted in case on an emergency: _____

Phone No. _____

Address _____

Relationship to you _____

How did you hear about SEM Manor? _____

We understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. We understand that any false information may make us ineligible for a unit. We certify that all information given in this application is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

We authorize Management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous

and current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or local agencies.

If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

We have read, and understand, the information in this application.

We authorize Management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available to the household for its needs.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING FEDERAL FUNDS.

Signature of Head of Household

Date

Signature of Spouse or Co-Applicant

Date

DIVESTURE DISCLAIMER VERIFICATION

I HEREBY CERTIFY THAT I HAVE NOT DISPOSED ON ANY OF MY ASSETS FOR LESS THAN FAIR MARKET VALUE WITHIN THE PAST TWO (2) YEARS.

Signature

Date

I HEREBY CERTIFY THAT I HAVE DISPOSED OF ASSETS FOR LESS THAN FAIR MARKET VALUE WITHIN THE PAST TWO (2) YEARS.

ASSET DISPOSED OF: _____

FAIR MARKET VALUE: _____

AMOUNT RECEIVED FOR ASSET: _____

Signature

Date