

St. Luke's Village

Gladstone, New Jersey

Application

Non-refundable Processing Fee
to accompany this Application: \$25

Return to:

St. Luke's Village
Main Street, P.O. Box 161
Gladstone, New Jersey 07934

IMPORTANT NOTICE: Do not complete and sign until you have read the description in this booklet. Your signature on this form means that you have done so. Please complete each question as fully and accurately as possible; these questions are intended to determine eligibility for tenancy as quickly as possible from all applicants so that interviewing can commence promptly.

Name, birth date, and Social Security Number, if any, of each proposed occupant:

Name	Birth Date	Social Security No.
_____	_____	_____
_____	_____	_____

Address and telephone number (where we can contact you by mail and phone):

Your telephone number: _____

Approximately how much notice would you need to arrange your affairs, terminate leases, etc., prior to starting occupancy in the project, if you were offered a unit?

Explain relationship of persons listed above to each other: _____

Certificate: (To be signed by each prospective occupant and by any person assisting in the completion of this preliminary application):

I have read the project description. The answers given in this application are truthful and complete to the best of my recollection and ability. I understand that if it appears I am eligible for a unit, I will be required (1) to attend an interview and produce copies of tax returns, Social Security, pension and other income checks, bankbooks, and any other financial information needed to process the application; (2) to give details of my health and personal habits; (3) to provide a statement from my doctor.

(Name, address, telephone number and relationship of anyone assisting in completing this form.

Signature of each prospective occupant

_____	_____
_____	_____
_____	_____
_____	_____

AUTHORIZATION TO DISCLOSE INFORMATION

TO WHOM IT MAY CONCERN

DATE: _____

I am applying for a unit in St. Luke's Village, Gladstone, New Jersey. In connection with the application, the corporation wishes to verify statements made by me in my application. Therefore, I authorize the corporation to make inquiry of any social agency, doctor, bank, police department, employer, credit agency, or religious leader to discuss any statement I have made in this application. I authorize any of the above to release any information requested by the corporation or to discuss same with a representative of the corporation, and I release any such person from any liability for discussing this information. Photographic copy of this signed Authorization shall be equally valid as the original.

Signature of each prospective occupant:

_____	_____
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_____	_____
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(Use blank pages and attach extra sheets if needed to answer any questions. Put your name on each extra sheet.)

1. If you now live in Peapack or Gladstone, when did you move here? (Year and if possible month) _____

List each address where you lived, from what year to what year, as best you can recall. What is your present address. Whether you own or rent at that address makes no difference.

2. If you do not live in Peapack or Gladstone, did you ever live in Peapack or Gladstone? State each address where you lived and from what year to what year you lived there. Whether you owned or rented at that address makes no difference. What year did you move from Peapack or Gladstone?

3. To what church do you belong? _____

What is your clergyman's name? _____

4. Are you a parishioner of St. Luke's Church? Yes _____ No _____
Are you a relative of a parishioner of St. Luke's? Yes _____ No _____
If so, please list name of parishioner and relationship.

5. What is your present address for voting purposes? _____

6. Do you have a driver's license? Please list number, state where issued and your address as it appears on the license. _____

7. Do you own a car? If so, year, make, model and plate No. _____

If admitted to the project, do you plan on keeping your car? _____

(This answer is not a commitment on your part; we would like an answer for tentative parking and transportation planning purposes.)

8. Attach a list of your total income for current year from any source, including but not limited to:

Applicant A	Combinations:	Applicant B
_____	wages	_____
_____	salaries	_____
_____	commissions	_____
_____	pensions (public or private, contributory or non-contributory)	_____
_____	rents	_____
_____	interest	_____
_____	dividends	_____
_____	earnings at savings banks and savings and loan institutions	_____
_____	social security	_____
_____	annuities	_____
_____	unemployment	_____
_____	disability benefits	_____

You need not include as income gifts, inheritances, insurance lump-sum settlements, capital gains, settlement of personal injury or property loss claims, proceeds on the sale of your home or the value of food stamps over their cost to you. Total is \$_____. What do you estimate the total income as defined above of all of the proposed occupants will be next year?

\$_____.

9. Attach a list showing the total present value of all assets owned by both of the proposed occupants not included in Item 8 above. Include equity in house or other real estate, capital investments such as stocks, bonds, and bank accounts. Do not include household furniture and equipment or an ordinary automobile. Total is \$_____.

10. Credit references:

A. Applicant

Checking Account No. _____ Bank _____

Savings Account No. _____ Bank _____

Outstanding Loan _____
Name of Institution, Address

Other Reference _____

B. Other Occupant

Checking Account No. _____ Bank _____

Savings Account No. _____ Bank _____

Outstanding Loan _____
Name of Institution, Address

11. Vocation: Applicant A Applicant B

Presently employed as _____

Retired from _____

How Long employed _____

12. Information concerning Professional, Service and Social activities:

Professional Organizations: _____

Hobby Group: _____

Service Clubs: _____

Volunteer Work: _____

Interests: _____

13. Responsibility references: Name, address and telephone number of two people who will attest that prospective occupants will act in a responsible manner with proper regard for the property, security and well-being of others.

A. Applicant

Name (Sponsor) Street Address

City, State, Zip Telephone No.

Name (Sponsor) Street Address

City, State, Zip Telephone No.

Other Occupant (if above references do not apply)

Name Street Address

City, State, Zip Telephone No.

14. Health and medical information: Note any unusual health or physical condition, including regular use of wheelchair or walker (this is not a disqualification; certain units are designed for the handicapped) and name your physician.

A. Applicant

:

Physician Street Address

City, State, Zip Telephone No.

15. Sponsor(s) to be contacted in the event of a medical or financial need (cannot be a prospective occupant.)

16. When would it be convenient for you to be interviewed about St. Luke's Village. Indicate alternative dates (1) (2) (3):

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
9:00 a.m. - 12:00 noon	_____	_____	_____	_____	_____	_____
2:00 p.m. - 4:00 p.m.	_____	_____	_____	_____	_____	_____
7:00 p.m. - 9:30 p.m.	_____	_____	_____	_____	_____	_____

17. Please state whatever reasons you have why you want or need to be admitted to this project. Please write this on a separate sheet of paper identified with your name. If you have not already done so, please be certain that you have clearly stated what present or former residency status you or your family (blood relative) have with Peapack or Gladstone and/or St. Luke's Church.

ST. LUKE'S VILLAGE
Gladstone, New Jersey

MEDICAL INFORMATION FOR APPLICATION
(To be supplied by Applicant)

NAME _____ AGE _____ DATE _____

ADDRESS _____

CITY/STATE/ZIP _____ TELEPHONE _____

Please list all current medical problems (Diagnoses): _____

List current treatments and medications: _____

List any special dietary needs: _____

List surgical procedures during your lifetime and the approximate year:

List any illnesses within the past five years: _____

MEDICAL INFORMATION FOR APPLICATION
(To be supplied by Applicant)

How would you describe your:	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Vision	_____	_____	_____
Hearing	_____	_____	_____
Ambulation	_____	_____	_____
Communication	_____	_____	_____

Do you use any assistive devices? (Wheelchair, walker, etc.) Explain:

	Without help	With some help	Unable to do so
Can you use the telephone?	_____	_____	_____
Can you go shopping for groceries or clothes?	_____	_____	_____
Can you prepare your own meal?	_____	_____	_____
Can you do your housework?	_____	_____	_____
Can you take your own medicine?	_____	_____	_____
Can you handle your own money?	_____	_____	_____
Can you walk?	_____	_____	_____
Can you get in and out of bed?	_____	_____	_____
Can you take a bath or shower?	_____	_____	_____
Do you ever have trouble getting to the bathroom on time?	_____	_____	_____
Is there someone who helps you with such things as shopping, housework, bathing, dressing, and getting around?	_____	_____	_____

Who is your major helper? _____

Relationship _____

Who else helps you? _____

Relationship _____