

Sycamores Terrace
Retirement Community
1427 Lebanon Pike
Nashville, TN 37210 (615) 242-2412

APPLICATION FOR RESIDENCE

Date _____ Apartment Number _____

Approximate Date Apartment Needed _____

Name _____ Date of
Birth _____

Address _____
Phone _____

Age _____ Sex _____ Social Security Number _____

Marital Status (Check One) M ___ S ___ D ___ W ___ Religious Preference _____

Financial Disclosure

Please provide a complete breakdown of income and attach verification or proof of income.

Bank: Name _____ Branch _____

Bank Contact _____

Person Responsible for Account _____

Applicant's Yearly Income _____

S.S. Amount _____ Pension _____

Retirement _____ Savings _____

Trust _____ Other _____

TOTAL AMOUNT _____

Address _____ Phone _____

The Resident is requested to provide an up-to-date statement from the doctor concerning his/her health and any medications they may presently be taking. A deposit in the amount of \$ _____ is required at the time this application is made. If applicant is not qualified, the total deposit will be returned within thirty days.

Sycamores Terrace Representative

Date

Applicant Signature

Date

We appreciate you making Sycamores Terrace your new home and we'll do everything possible to make your stay with us very enjoyable.