

**The Gladys and Henry
CROWN CENTER FOR SENIOR LIVING
8348-8350 Delcrest Drive, St. Louis, MO 63124
(314) 991-2055 www.crowncenterstl.org**

Preliminary Application for Apartment Rental

To live at Crown Center, you must be 62 years of age or older, or the head of household must be 62 years or older.

Name: Mr./Mrs./Ms. _____

Phone Number (____)_____ E-mail Address _____

Current Address _____

City _____ State _____ Zip _____

How long have you lived at this location? From _____ To _____

Landlord or Mortgage Holder Name _____

Address _____ zip _____

Phone Number () _____ Monthly rent or Mortgage Payment \$ _____

Social Security Number _____ *Date of Birth _____

Driver's License Number _____

**Date of Birth is requested for accurate retrieval of records.*

Marital Status (Optional) [☐] Married [☐] Separated [☐] Widowed [☐] Divorced [☐] Single

Spouse's Name _____ Maiden Name _____

(Name former spouse if divorced or separated)

Spouse Social Security Number _____ *Spouse Date of Birth _____

History of Residency (Minimum of Past 5 years)

Previous Address _____

City _____ State _____ Zip _____

How long did you live at this location? From _____ To _____

Landlord or Mortgage Holder Name _____

Address _____

Phone Number () _____ Monthly rent or mortgage payment \$ _____

Previous Address _____

City _____ State _____ Zip _____

How long did you live at this location? From _____ To _____

Landlord or Mortgage Holder Name _____

Address _____

Phone Number () _____ Monthly rent or Mortgage Payment \$ _____

List all states where you or any member of your household have resided:

Crown Center Apartment Preference

Please indicate interest in one or more type of rental plan and building

Tallin Building 8350 Delcrest (check all that apply)

____ Premier Rental Plan ____ Classic Rental Plan (Section 8)

____ 1 bedroom ____ large one bedroom (Premier Rental Plan only)

____ studio ____ efficiency

Weinberg Building 8348 Delcrest - all units are Classic Rental Plan (Section 8) only

____ 1 bedroom

Do you have a car? No ____ Yes ____ Make _____ Model _____ License
Plate # _____

Owned _____ Lease _____

Will you live alone? Yes ____ No ____

With whom do you plan to live? _____

How soon are you looking to move?

Why do you wish to move from your present location?

Have you previously pled guilty and/or been convicted of a misdemeanor or felony?

Yes ____ No ____ If Yes, give details and dates: _____

Any litigation, suits, judgments, bankruptcies, foreclosures, etc.?

Yes ____ No ____ If Yes, give details and dates: _____

Have you or any member of your household been subject to State lifetime sex offender
registration in any state? _____

Have evictions proceedings begun or been completed against you? If yes, give details and dates:

How did you hear about Crown Center?

Friend _____ Family member _____ Current resident _____ Newspaper Ad _____

Clergy _____ Social Service Agency _____ Other _____

Please complete the following applicable income information:

Current annual household income \$ _____

Applicant place of Employment _____

Salary \$ _____ per week/month (circle one)

Spouse place of Employment _____

Salary \$ _____ per week/month (circle one)

If currently employed, when do you plan to retire? Applicant _____ Spouse _____

Applicant Social Security Income \$ _____ per month

Spouse Social Security Income \$ _____ per month

Applicant (SSI) Social Security Supplemental Income \$ _____ per month

Spouse (SSI) Social Security Supplemental Income \$ _____ per month

Applicant Pension/Retirement Income \$ _____ per month/year (circle one)

Name of Company _____

Spouse Pension/Retirement Income \$ _____ per month/year (circle one)

Name of Company _____

Rental Property Income \$ _____ per month/year (circle one)

Property Address _____ City _____ State _____ Zip _____

Annuities \$ _____ per month/year (circle one)

Name of Company _____

Address of Company _____ City _____ State _____ Zip _____

Other Income

Source _____ \$ _____ per month/year (circle one)

Source _____ \$ _____ per month/year (circle one)

Please complete the following applicable asset information (attach additional sheets as necessary):

Checking Account(s)

Name of Bank _____ Account Number _____

Total Face Value \$ _____ Annual Interest \$ _____

Name of Bank _____ Account Number _____

Total Face Value \$ _____ Annual Interest \$ _____

Savings Account(s)

Name of Bank _____ Account Number _____

Total Face Value \$ _____ Annual Interest \$ _____

Name of Bank _____ Account Number _____

Total Face Value \$ _____ Annual Interest \$ _____

Certificates of Deposit(s)

Name of Bank _____ Account Number _____

Total Face Value \$ _____ Annual Interest \$ _____

Name of Bank _____ Account Number _____

Total Face Value \$ _____ Annual Interest \$ _____

Money Market Account(s)

Name of Bank _____ Account Number _____

Total Face Value \$ _____ Annual Interest \$ _____

Name of Bank _____ Account Number _____

Total Face Value \$ _____ Annual Interest \$ _____

Stocks

Name of Company _____ Number of shares _____

Total Face Value \$ _____ Annual Interest \$ _____

Name of Company _____ Number of shares _____

Total Face Value \$ _____ Annual Interest \$ _____

Bonds

Type _____ Total Face Value \$ _____ Annual Interest \$ _____

Type _____ Total Face Value \$ _____ Annual Interest \$ _____

Real Estate

Do you own real estate? ____ yes ____ no

Estimated Value of Home and/or other real estate \$ _____

Address _____ City _____ State _____ Zip _____

Do you have a trust fund? No _____ Yes _____

Name of Account _____ \$ _____

Is it _____ revocable _____ irrevocable

Have you disposed of any asset(s) in the last two years? No _____ Yes _____

If "Yes", describe: _____

Did you receive less than the fair market value? No _____ Yes _____
If "Yes", what was the fair market value? \$ _____
What amount did you receive? \$ _____

Crown Center allows certain pets, with a \$250 pet deposit and proof of all necessary shots.
Do you have a pet? Dog ____ Cat ____ Other ____ Weight _____

Please complete the following information regarding your monthly expenses:
Rent/Mortgage \$ _____ Food \$ _____ Gas \$ _____ Electric \$ _____
Water \$ _____ Telephone \$ _____ Transportation \$ _____
Health Care \$ _____ Debts \$ _____ Other \$ _____

Character References

Name _____ Relationship _____
Address _____ Phone () _____

Name _____ Relationship _____
Address _____ Phone () _____

Name _____ Relationship _____
Address _____ Phone () _____

Credit References

Name _____ Account Number _____
Address _____

Name _____ Account Number _____
Address _____

Name _____ Account Number _____
Address _____

Do you have a condition that requires an apartment unit with physical modifications?
No _____ Yes _____

Please note: your credit and all other references must be satisfactory or this rental application may be rejected by The Gladys & Henry Crown Center for Senior Living.

I / WE CERTIFY AND WARRANT that this is an accurate statement of my (our) total income, savings and assets and that all information contained herein is true and correct to the best of my (our) knowledge. I (we) further understand that any deviation between the above figures and my (our) actual financial status can affect my (our) final admission.

Crown Center for Senior Living or any party connected with it or its business organization shall in no event be liable with respect to any matter concerning this rental application or any act of Crown Center for Senior Living of failure to act on the part of Crown Center for Senior Living in connection with any lease contemplated herein.

This application shall be deemed a part of any lease executed in conjunction therewith.

The Applicants(s) hereby authorize(s) Crown Center for Senior Living to obtain any information required regarding the statements in this application, and the applicant(s) agree(s) that this application shall remain the property of Crown Center for Senior Living whether this rental application is accepted or not.

I (we) understand that this application is not binding upon me or upon Crown Center for Senior Living.

The applicant understands that The Gladys & Henry Crown Center for Senior Living does not offer assisted living, nursing care, or provide oversight for residents.

I hereby authorize Crown Center to obtain information it deems necessary and desirable in the processing of my application, including: credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information; and release Crown Center, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. Upon approval and acceptance, the applicant agrees to execute a lease before possession is given and to pay the security deposit and first month's rent. It is further agreed that if any information herein is false, the lease made on the strength of this application may, at the option of the landlord (Crown Center), be terminated at any time.

Signed _____ Date _____

Signed _____ Date _____

Please return this completed, signed preliminary application to:

The Gladys & Henry Crown Center for Senior Living
8350 Delcrest Drive
St. Louis, Missouri 63124

All information will be kept in strictest confidence. The application must be completed in its entirety. If there are incomplete portions it will be returned to you. Revised 3.2015