



507 Rogers Road • Lexington, KY 40505 • bobbrownhouse@gmail.com • 859-293-0886

APPLICATION FOR ADMISSION

Name of Applicant _____

First

Middle

Last

___ Male

___ Female

___ Married

___ Single

___ Divorced

___ Widowed

Present Address _____

Phone Number (____) _____ - _____ Email _____

Social Security Number _____ - _____ - _____ Birthday _____

Emergency Contact Information:

Name	Phone Number	Email	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Are you your own guardian? ___ Yes ___ No

If the answer is no, please list the information of your legal guardian:

Name _____ Relationship _____

Phone Number _____

Email _____

Address _____

Do you have a case manager? ___ Yes ___ No

If the answer is yes, please list the information of your case manager:

Name _____

Phone Number _____

Email _____

Company _____

Primary Care Physician:

Name _____ Phone Number _____

Specific nature of disability/diagnosis: _____

Prescribed Medication:

Medicine	Purpose
_____	_____
_____	_____
_____	_____
_____	_____

Total Monthly Income: \$ _____

Source of Income: _____

I understand that I must provide all required information (application, disclosure form, physician's/agency's statement, and housing agreement) to be eligible for consideration for housing. In addition, I will provide a yearly update of my income to be used by the Board of Directors in setting the yearly rent rates. To the best of my knowledge and belief, all the information provided in this application is true.

Signature of Applicant _____

Date of Signature _____