

## APPLICATION FOR RESIDENCY

We invite you to consider living in one of our supportive residences for seniors. These properties are owned and operated by Senior Home Sharing, Inc., a not-for-profit corporation (501c3) based in DuPage County, Illinois. Please direct all questions to Rita Brosnan, Executive Director at [rbrosnan@seniorhomesharing.org](mailto:rbrosnan@seniorhomesharing.org)

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Describe your present living arrangement \_\_\_\_\_

Estimated move-in date \_\_\_\_\_

Indicate choice of residence:

### House

☐ Chase Place, 1 S. 412 Chase St., Lombard

☐ Private Home Option

☐ Eagle Place, 214 N. Eagle St., Naperville

Emergency Contact Person \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### References

Name \_\_\_\_\_ Number \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

Relationship \_\_\_\_\_

*Upon receiving the application and the \$40 application fee, our staff will call to arrange an interview.*

☐ \$40 application fee enclosed, non-refundable

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please return to: Senior Home Sharing, 403 W. St. Charles, Ste. B, Lombard IL 60148**

A one month's deposit, one month's resident fee will be the initial payment before occupancy.

[www.seniorhomesharing.org](http://www.seniorhomesharing.org)

**SENIOR HOME SHARING  
APPLICANT STATEMENT OF INCOME/EXPENSES/ASSETS**

<b>APPLICANT NAME(\$)</b>	<b>DATE(S) OF BIRTH</b>	<b>SOCIAL SECURITY NO.</b>
1)		
2)		
<b>MONTHLY INCOME: (provide 2 most recent stubs)</b>	<b>HEAD</b>	<b>SPOUSE</b>
Social Security/Supplemental Security Income		
Pension & Retirement		
Salaries & Wages & Other		
<b>TOTAL MONTHLY INCOME</b>		
<b>MONTHLY EXPENSES:</b>		
Supplemental Health Insurance <b>Provider:</b>		
Other Insurances (car, life, etc.)		
Credit Card Debt		
Loans		
<b>TOTAL MONTHLY EXPENSES</b>		
<b>ASSETS:</b>		
Banks		
Stocks & Bonds		
Equity- Real Estate, etc		
<b>TOTAL MONTHLY ASSETS</b>		

I hereby certify that I have disclosed all income I currently receive and all assets I own. I understand that failure to disclose such income and/or assets may impact my ability to reside with Senior Home Sharing. I agree to report to Senior Home Sharing any material changes to the above, and understand that any such changes may result in an adjustment to my monthly fee by Senior Home Sharing at their discretion.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DISCLOSURE AND AUTHORIZATION FORM**  
**TO OBTAIN BACKGROUND CHECK FOR RESIDENCY PURPOSES**  
*Please Read Carefully Before Signing the Authorization*

**DISCLOSURE**

In considering you for residency, **Senior Home Sharing, Inc.** ("the Company") may request and rely upon one or more reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making a tenant-related decision. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for tenancy, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

**AUTHORIZATION**

I have read and understand the foregoing Disclosure, and authorize **Senior Home Sharing, Inc.** to obtain and rely upon consumer reports in considering me for residency. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the residency decision about me.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports that may be requested about me by or on behalf.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## ***Personal Data***

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Last Name

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First Name

---

Middle Name

---

Current Address

---

Date of Birth

---

Other Names Used (including maiden name)

---

Social Security Number

---

Driver's License #

---

State

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Email address (if you do not have an email address; sponsor may indicate theirs)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

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Printed Name

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Applicant Signature

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Date