



Bethany Grace Pointe

42nd Street Campus:
 (701) 478-8900 FAX (701) 478-8920
 TTY Dial: 711
www.bethanynd.org

Personal Information			
Applicant Name	First: _____	MI: _____	Last: _____
Date of Birth: ___/___/___	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Social Security Number: ____ - ____ - ____	
Civil Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
Phone Number:	Home: _____		Email: _____
Current Home Address	Street: _____	Do you rent? Yes - No	How long at this address? _____
	City: _____	State: _____	Zip: _____
Current Landlord (if applicable)	Landlord Name or Company: _____		Phone number: _____
	Reason for moving: _____		
Previous Home Address (if less than 5 years)	Street: _____	Did you rent? Yes - No	How long at this address? _____
	City: _____	State: _____	Zip: _____
Previous Landlord (if applicable)	Landlord Name or Company: _____		Phone number: _____
	Reason for moving: _____		
Proposed Additional Occupant			
Name: _____		Relationship: _____	Date of Birth: ___/___/___
Phone number: _____		Social Security Number: ____ - ____ - ____	
Vehicle Information			
Make: _____	Year: _____	Model: _____	License Plate Number: _____
MISC. & Billing Information			
Veteran Status: Are you a veteran?		Are you a spouse of a veteran?	
Financial Statements: <i>If you would like your Bethany bill sent to another party such as Power of Attorney, Trust Officer, etc. please list below. If the bill should be sent directly to you simply write "self".</i>			
Mail to - Name: _____		Relationship: _____	
Street Address: _____			
City: _____	State: _____	Zip Code _____	

Emergency Notification

*Please list three people you would want to be contacted in an emergency. List in order of who you would want to be called first.
Bethany staff contact only one person. When one person is reached, additional calls are not made by Bethany staff.*

Name	Relationship	Address <i>(include exact mailing address)</i>	Phone Numbers
1.			H:
			W:
			C:
			E:
2.			H:
			W:
			C:
			E:
3.			H:
			W:
			C:
			E:

Have you the applicant been a resident of Bethany in previous years? Yes or No Approximately what year?

Preferred Placement: First Available Opening Future Placement

Comments Regarding placement preferences (size, location, etc.):

The undersigned represents that all of the above statements are true and complete and hereby authorizes Bethany Retirement Living, its employees and agents to contact and obtain information from any individuals or entities that may have information regarding past residential arrangements of the undersigned. The undersigned hereby indemnify and hold harmless American Lutheran Homes, Inc. & Bethany on 42nd St, its employees and agents and all other individuals or entities contacted by American Lutheran Homes, Inc. & Bethany on 42nd St., from all causes of action, expenses, losses or damages of any kind arising from or related to any information obtained regarding the undersigned. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap or national origin in compliance with the Fair Housing Act. This application is preliminary only and does not obligate American Lutheran Homes, Inc. & Bethany on 42nd St to deliver possession or keys to the premises. No contract will be established between the parties until a lease agreement and/or Commitment to Rent has been signed by all parties. For the safety of our tenants a criminal and credit history will be conducted by Advantage Credit Bureau. Bethany Retirement Living reserves the right to refuse rental to persons with a criminal history. Following the review of credit history and at the discretion of Bethany Retirement Living, a co-signer may be required.

Applicant

Signature: _____ Date: _____

Co-Applicant

Signature: _____ Date: _____

