

TIMBERLAND VILLAGE SENIOR INDEPENDENT AND ASSISTED LIVING DOWN PAYMENT APPLICATION

This is a commitment made and entered into on this ____ day of _____ 2020, between Timberland Village Senior Independent and Assisted Living, herein referred to as “the management” and _____, herein referred to as “the tenant.” This is NOT a lease.

The tenant agrees to rent a studio, one or two-bedroom apartment. The management requires a deposit of \$500 (five hundred dollars) in order to secure your position on a priority list to obtain an apartment. If you choose to rent, your money will be applied directly toward your damage deposit upon moving in. If you decide not to rent, your deposit will be returned, less an administrative fee of \$100 (one hundred dollars). If you are unable to move to the new apartments due to illness or death, the entire \$500 (five hundred dollars) will be returned to you or your heirs.

Tenants and prospective Tenants who cannot afford to pay the deposit of \$500 (five hundred dollars) may apply for special consideration and/or financial assistance to make the required deposit payment. No Tenant or prospective Tenant shall be denied application to Timberland Village Senior Independent and Assisted Living solely on the basis of his or her inability to pay the initial \$500 (five hundred dollar) deposit required by this application.

This commitment will place tenants on a priority list from which they will have first opportunity to choose their apartment. (i.e. location, size, etc.) Please indicate the apartment size you prefer ____ assisted studio, ____ assisted 1-bedroom, ____ assisted 2-bedroom ____ independent 1-bedroom or ____ independent 2-bedroom.

I/We, _____ understand and agree to the preceding items as a condition to being placed on a priority list for residing at Timberland Village Senior Independent and Assisted Living.

I attest the following information is accurate and understand Timberland Village is authorized to verify information as a condition of admission.

Name: 1) _____ Date of birth: _____
Name: 2) _____ Date of birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone(____) _____
e-mail address: _____
Date: ____/____/____

Signed: _____

Financial Information

	Amount	Source
Average Monthly Income:\$	_____	_____
Assets:	\$ _____	_____
Other Resources:	\$ _____	_____

Banking Information

Name of Bank: _____

References (Please List Two)

Name	Phone Number
1) _____	_____
2) _____	_____

(Mail, deliver or e-mail application and deposit to: 725 Timberland Dr, Story City, IA 50248 or cindi@bethanylife.org. Thank you.

For questions regarding application and admission process please call Cindi Martin (515)733-6500

*A copy of the Timberland Village Lease/Occupancy Agreement is available upon request from the Timberland Village Management.

Optional Information:

Sex of applicant(s) please check one: M _____ F _____

Race of applicant(s) please check one:

American Indian _____ Alaska Native _____ Asian _____ Black or African American _____ White _____

Ethnicity of applicant(s) please check one: Hispanic or Latin _____

Not Hispanic or Latino _____

9/18/19