

Sycamores Terrace Retirement Community

1427 Lebanon Pike, Nashville TN 37210

Phone: (615) 242-2412 Fax: (615) 254-6807

APPLICATION FOR RESIDENCE

Date _____

Apartment # _____

Approximate Date Apartment Needed _____

Name _____

Date of Birth _____

Address _____

Phone _____

Age _____ Sex _____ Social Security Number _____

Marital Status (Check One) M ___ S ___ D ___ W ___ Religious Preference _____

Financial Disclosure

Please provide a complete breakdown of income and attach verification or proof of income.

Bank: Name _____

Bank Contact _____

Person Responsible for Account _____

S.S. Amount _____ Pension _____

Retirement _____ Savings _____

Trust _____ Other _____

Applicant's Yearly Income _____

TOTAL AMOUNT _____

A non-refundable deposit in the amount of \$ _____ is required at the time this application is made. If applicant is not qualified, the total deposit will be returned within thirty days.

Sycamores Terrace Representative

Date

Applicant Signature

Date

We appreciate you making Sycamores Terrace your new home and we'll do everything possible to make your stay with us very enjoyable.