



~A division of Jeff S. Long Construction

Application for Residency

General Information:

Name: _____ Date: _____

First Middle Last

Address:

Street City State Zipcode

Telephone: (____) _____ Birthdate: _____ Age: _____

Sex: _____

Social Security Number: _____

Physician Name: _____ Telephone _____

No.: (____) _____

Marital Status: () Married () Single

If married, name of spouse: _____

First Middle Last

Spouse's Birthdate: _____ Age: _____ Sex: _____

Physician Name: _____ Telephone No. (____) _____

Name, Address and Telephone No.(s) of all children or nearest relative:

Is anyone legally authorized to handle your financial and personal matters?

() Yes () No

If yes, list their name(s), address(es), and telephone no(s): *Indicate type of Power of Attorney:*

By signing below, you are authorizing a credit check to be performed.

Applicant's Signature: _____ Date: _____

If applicable, spouse or 2nd person

signature: _____ Date: _____