MAYFLOWER HOMES, INC.
616 Broad Street, Grinnell, IA 50112

RESIDENT APPLICATION

BIOGRAPHICAL DATA

Full Name: _____

Present Address: _____
Street City State Zip Code

Date of Birth: _____ Home Phone: _____

Social Security Number: _____ Cell Phone: _____

E-Mail: _____ Work Phone: _____

Where have you lived during your adult life? _____

Place of birth: _____ Married [ ] Single [ ] Widowed [ ] Divorced [ ]

Date of marriage(s) (if married): _____

Name of Spouse(s) (including maiden name): _____ Date of death of spouse(s) _____

Do you have a living will? _____ A power-of-attorney? _____ A power-of-attorney for health care decisions? _____

CHILDREN:

Name Address Phone

1. _____
city state zip
Occupation: _____ Children: _____
home_____
work_____
home_____
work_____

2. _____
city state zip
Occupation: _____ Children: _____
home_____
work_____
home_____
work_____

3. _____
city state zip
Occupation: _____ Children: _____
home_____
work_____
home_____
work_____

4. _____
city state zip
Occupation: _____ Children: _____
home_____
work_____
home_____
work_____

5. _____
city state zip
Occupation: _____ Children: _____
home_____
work_____
home_____
work_____

BROTHERS AND SISTERS NOW LIVING:

1. Name: _____ Occupation: _____

Address: _____ Telephone: _____
City State Zip

2. Name: _____ Occupation: _____

Address: _____ Telephone: _____
City State Zip

3. Name: _____ Occupation: _____

Address: _____ Telephone: _____
City State Zip

4. Name: _____ Occupation: _____

Address: _____ Telephone: _____
City State Zip

PERSONAL BIOGRAPHY:

What was your occupation: _____

_____

_____

Occupation of your spouse: _____

_____

Hobbies & Interests: _____

_____

_____

Brief biographical information: _____

_____

_____

_____

_____

_____

_____

_____

_____

FUNERAL & BURIAL PLANS:

Name of persons responsible for funeral arrangements: _____

_____

Name and address of funeral director to be called:

Name:_____Phone:_____

Address:_____
Street City State Zip Code

Any further directions or instructions:_____

_____

_____

Where is your will kept?_____

I have a lot in_____Cemetery, City of_____

Lot number:_____ Who holds the deed?_____

Phone Number:_____ E-mail:_____

List names, addresses & phone numbers of persons to be notified in case of an emergency, illness or death:

1.) Name:_____Daytime Phone:_____

Address:_____Cell Phone:_____
Street City State Zip Code

2.) Name:_____Daytime Phone:_____

Address:_____Cell Phone:_____
Street City State Zip Code

3.) Name:_____Daytime Phone:_____

Address:_____Cell Phone:_____
Street City State Zip Code

Name of person responsible for my affairs should I become unable to take care of them:

Name:_____Phone:_____

Address:_____
Street City State Zip Code

Phone: (home)_____(work)_____

FINANCIAL RESOURCES

For confidential use of the Board of Trustees of Mayflower Homes, Inc. Indicate below your total resources.

CURRENT VALUE AND OWNERSHIP

Real Estate:_____ $_____

Stocks/Bonds:_____ $_____

Bank Accounts:_____ $_____

Marketable Personal Property:_____ $_____

The amount and sources of your monthly income:

1. Wages:_____ $_____
2. Social Security:_____ $_____
3. Veteran's Benefits:_____ $_____
4. Interest on deposits, savings, etc:_____ $_____
5. Pensions:_____ $_____
6. Property Income (rental, etc):_____ $_____
7. Other:_____ $_____

_____ $_____

_____ $_____

TOTAL PER MONTH: **$**_____

Liabilities - (I owe the following):_____ $_____

_____ $_____

_____ $_____

CHURCH COMMITMENTS

Of what church are you now a member?_____

Are you a regular attendee?_____

Of what other churches have you been a member?_____

_____

REFERENCES

1. Name of Pastor:_____

Address:_____

2. Name of your Doctor:_____

Address:_____

3. Name of your Attorney:_____

Address:_____

4. Name of your Dentist:_____

Address:_____

5. Name and address of two people, not relatives, who you know well:

1.) Name:_____Phone:_____

Address:_____
Street City State Zip Code

2.) Name:_____Phone:_____

Address:_____
Street City State Zip Code

HEALTH RECORD

List health insurance companies & policy numbers:

Company:_____Policy Number:_____

Company:_____Policy Number:_____

Do you have any physical disabilities? YES [ ] NO [ ]

If yes, please describe them:_____

_____

Condition of your sight:_____

Condition of your hearing:_____

Have you any condition which may require special treatment, surgery or special diet? YES [ ] NO [ ]

If yes, please describe:_____

_____

_____

_____

Are you at the present time under medical care? If so, describe_____

_____

_____

TYPE OF HOME DESIRED:

[ ]	HARWICH TERRACE	[ ]	PRAIRIE POINTE	[ ]	CAMPUS
[ ]	STUDIO	[ ]	TWO BEDROOM	[ ]	ONE BEDROOM

PLEASE MARK ONE OF THE FOLLOWING BOXES:

[ ] I wish to be on the active waiting list and wish to be contacted whenever my application is in line for a living unit.

[ ] I prefer to be on the inactive waiting list until such time that I would be sincerely interested and a vacancy occurs.

AFFIRMATION

I hereby declare that all statements made herein, or in any related forms, are true and complete and I further agree that this application shall become a part of any subsequent contracts made with the Mayflower Homes, Inc. in Grinnell, Iowa.

I understand that Mayflower Homes, Inc. may:

1. Ask any Mayflower member for any cause which, in the Board of Trustees' judgement is detrimental to the welfare of the Mayflower.
2. Make changes in policies or regulations or make exceptions to them as determined by the Board of Trustees.
3. Make changes in Mayflower fees, as operating needs so indicate.
4. Treat the application fee submitted herewith as non-refundable and as a tax-deductible gift to Mayflower Homes, Inc. in the event I wish to remove my name from the waiting list.

IN WITNESS WHEREOF I HAVE HEREUNTO SET MY HAND TO THIS

APPLICATION THIS_____DAY OF_____IN THE YEAR_____

_____
Signature of Applicant

_____
Signature of Witness

_____
Signature of Co-Applicant