



APPLICATION FOR ADMISSION

The Wiggins Place vision is to enable each individual it serves to realize the highest level of fulfillment in an atmosphere of respect and caring.

Date Issued	_____ 20 _____
Date Received	_____ 20 _____

27070 Cedar Road • Beachwood, Ohio 44122 • (216) 839-6634 • Fax (216) 378-4007

The undersigned hereby applies for admission as a tenant of Wiggins Place, and agrees, if admitted, to comply with all the rules, regulations and by-laws of Wiggins Place now in force, and such as may hereafter be adopted by its authorities.

I am applying for a: Regular 1 Bedroom Apartment Deluxe 1 Bedroom Apartment 2 Bedroom Apartment
 Application fee (\$50.00) enclosed

PERSONAL INFORMATION

Applicant's Name				
Address		City, State		Zip
Telephone Number		Date of Birth	Age	Education
Present Housing (apartment, private home, condo, etc.)		Place of Birth	My last occupation was	
I have lived in the United States since	I have lived in Cleveland since		Synagogue/Religious Affiliation	

MARITAL STATUS

Applying as couple <input type="checkbox"/> Yes <input type="checkbox"/> No				
I am: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced				
Spouse's Name		Current Resident of <input type="checkbox"/> The R.H. Myers Apartments <input type="checkbox"/> Menorah Park		
Spouse's Address		City, State		Zip
Spouse's Telephone Number		Date of Birth	Age	Education
I have lived in the United States since	I have lived in Cleveland since		Synagogue/Religious Affiliation	

FAMILY INFORMATION Names, addresses and occupations of children and other interested relatives and friends.

1.	Name	Relationship	Spouse's Name	
Address (include City, State and Zip)		Home Phone	Work Phone	Spouse's Work Phone
Occupation and Employer		Spouse's Occupation and Employer		
2.	Name	Relationship	Spouse's Name	
Address (include City, State and Zip)		Home Phone	Work Phone	Spouse's Work Phone
Occupation and Employer		Spouse's Occupation and Employer		
3.	Name	Relationship	Spouse's Name	
Address (include City, State and Zip)		Home Phone	Work Phone	Spouse's Work Phone
Occupation and Employer		Spouse's Occupation and Employer		
4.	Name	Relationship	Spouse's Name	
Address (include City, State and Zip)		Home Phone	Work Phone	Spouse's Work Phone
Occupation and Employer		Spouse's Occupation and Employer		

FINANCIAL INFORMATION

(Must be completed in its entirety. Use a separate sheet if more space is needed to answer any question.)

MONTHLY INCOME

Social Security per month		SSI per month	Veteran's Benefits per month	Veteran's Admin. Claim Number
Pension Income	Pension Name	Pension Claim Number	Pension Address	
Income from Savings	Bank	Account Number	Bank Address	
Income from Savings	Bank	Account Number	Bank Address	
Other Income	Source	Account Number	Address	
Other Income	Source	Account Number	Address	

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FINANCIAL INFORMATION (Continued)

(Must be completed in its entirety. Use a separate sheet if more space is needed to answer any question.)

REAL PROPERTY

Location and Description	Yearly Income	Value	Mortgage
Location and Description	Yearly Income	Value	Mortgage
If no property owned presently give location and description of last property owned		Year Sold	Mortgage Paid

PERSONAL PROPERTY AND FINANCIAL ASSETS

Cash on Hand	Government Bonds	Other Securities		
Notes or Mortgages	Held By	Address		
Bank Account Type	Balance	Bank	City	Account Number
Bank Account Type	Balance	Bank	City	Account Number
Bank Account Type	Balance	Bank	City	Account Number
Certificates of Deposit	Balance	Bank	City	Account Number
Individual Retirement Accounts	Balance	Bank	City	Account Number

Other Property or Assets (Specify type, value and location)

LIFE INSURANCE

Insurance Company	Type	Beneficiary	Surrender Value	Face Amount	Premiums Paid By	Loans on Policy
Insurance Company	Type	Beneficiary	Surrender Value	Face Amount	Premiums Paid By	Loans on Policy

GIFTS AND TRANSFERS

I have made the following gifts or transfers of real or personal property within 36 months prior to making this application, (including all gifts to family members.)

FINANCIAL INFORMATION (Continued)

(Must be completed in its entirety. Use a separate sheet if more space is needed to answer any question.)

TRUSTS

I have established the following trusts within the last five years.

APPLICANT'S TAX RETURNS

Please attach hereto, as part of this application, the following tax return, in the name of the applicant, for the year preceding date of application. If return is not available, please provide the most recent bank statement:

- Federal Income Tax Return (1 year)

Please note below if the above return was not filed on behalf of the applicant:

CERTIFICATION

I represent that each and every statement above set forth, including any accompanying tax returns, is true and that I have not withheld any information requested herein, and also represent that I have not transferred any property in trust for myself, nor given away any property other than stated in "gifts and transfers" and that I have read this application or had it read to me and that it has been fully explained to me.

Signature of Applicant

Witness

If Applicant's Signature is by Mark, Second Witness