

NALCREST FOUNDATION, INC.
P. O. BOX 6359, NALCREST, FL, 33856-6359
OFFICE: (863) 696-1121 * FAX: (863) 696-3333
A COMPLETE RETIREMENT COMMUNITY FOR ADULTS ONLY
APPLICATION AND CONFIDENTIAL QUESTIONNAIRE

I, the undersigned, hereby submit application for an unfurnished apartment at Nalcrest on a permanent basis. This application is for the type of apartment indicated below:

As of 6/1/07	Efficiency Apartment @ \$315.00 per month	()
	One Bedroom " @ \$335.00 per month	()

ALL QUESTIONS MUST BE ANSWERED!

NAME: (please print legibly)

Mr.

Mrs.

Miss

First

Middle

Last

ADDRESS

Number/Street/Rd/Blvd/Lane

City

State

Zip

TELEPHONE NUMBER

Area Code

Number

DATE OF BIRTH

MARITAL STATUS

Married Single Widow/Widower Divorced

NAME OF SPOUSE OR SIGNIFICANT OTHER

NALC MEMBERSHIP IN BRANCH

YEARS SPENT IN OCCUPATION

SOCIAL SECURITY #

All Nalcrest residents must be ambulatory and able to do normal household chores, including shopping. Please check one of the following which best describes (a) the state of *your* health; and (b) that of persons expected to live with you at Nalcrest:

(a) Excellent____; Good____; Fair____; Poor____; and (b) Excellent____; Good____; Fair____; Poor____.

List any ailment for which you receive medical attention regularly:_____

***If accepted, I will be willing to sign a lease effective_____

(It is not mandatory that you occupy or furnish the apartment immediately upon signing lease.)

Must have telephone contact *You will not be called if this is not filled in!

Signature_____

Date____/____/____

SORRY --- NO PETS!

IF YOU ARE HOPING TO RESIDE IN NALCREST WITHIN THE NEXT 6 TO 12 MONTHS, PLEASE ENCLOSE A "POSTAL MONEY ORDER" IN THE AMOUNT OF \$670 TO COVER YOUR FIRST AND TWELFTH MONTHS' RENT. THIS WILL BE HELD IN THE OFFICE UNTIL YOU HAVE BEEN OFFERED & HAVE ACCEPTED AN APARTMENT.