



**TENANT APPLICATION
SENIOR HOUSING
COUNTRY ESTATES**
4002 24TH Avenue South
Grand Forks, North Dakota 58201
Phone: 701-787-7621
Fax: 701-787-7564

FOR OFFICE USE ONLY

File No. _____
Apt. No. _____
Rented: _____

FIRST OCCUPANT	LAST NAME			FIRST NAME			INITIAL	TELEPHONE NO.
	PRESENT ADDRESS						SOCIAL SECURITY NO.	
	BIRTH DATE	AGE	SEX	MARITAL STATUS	CHURCH AFFILIATION	PHYSICIAN		

SECOND OCCUPANT	LAST NAME			FIRST NAME			INITIAL	TELEPHONE NO.
	PRESENT ADDRESS						SOCIAL SECURITY NO.	
	BIRTH DATE	AGE	SEX	MARITAL STATUS	CHURCH AFFILIATION	PHYSICIAN		

NOTIFY IN EMERGENCY	NAME	RELATIONSHIP	ADDRESS	HOME PHONE
	Email address:			BUSINESS PHONE
	NAME	RELATIONSHIP	ADDRESS	HOME PHONE
				BUSINESS PHONE
	NAME	RELATIONSHIP	ADDRESS	HOME PHONE
				BUSINESS PHONE

BILLING INFORMATION	BILL TO (NAME)	RELATIONSHIP TO TENANT IF OTHER THAN TENANT
	ADDRESS	HOME PHONE
		BUSINESS PHONE

The signature below certifies the above information is true and correct.

First Occupant
Signature _____

Date _____

Second Occupant
Signature _____

Date _____