



824 S. Duncan Drive, Tavares FL 32778 Tel: 352-508-7060 Fax: 866-760-1260

**Application form to apply for retirement living assistance at  
ShantiNiketan Ashram**

**Date:**

**Applicant Information:**

First Name:                      Middle Name:                      Last Name:  
Birth Date:                      Age:                      Place of Birth:  
Sex: M F                      Social Security Number:  
Phone:                      Email:  
Primary language of the applicant: Oral \_\_\_\_\_ Written \_\_\_\_\_

**Spouse Information:**

First Name:                      Middle Name:                      Last Name:  
Birth Date:                      Age:                      Place of Birth:  
Sex: M F                      Social Security Number:  
Phone:                      Email:  
Primary language of the co-applicant: Oral \_\_\_\_\_ Written \_\_\_\_\_

**Address Information:**

Current Address:  
Permanent Address:  
Currently living with: Child      Parent                      Relative      Other: \_\_\_\_\_

**Details of the person living with:**

First Name:                      Middle Name:                      Last Name:  
Sex: M F                      Phone:                      Email:

**Details of your Children (Start with your oldest, use backside of this sheet for other children):**

First Name:                      Middle Name:                      Last Name:  
Birth Date:                      Age:                      Place of Birth:  
Sex: M F                      Profession:

**Property Information:**

List the properties you or your spouse own anywhere in the world:

<b><u>Description</u></b>	<b><u>Location</u></b>	<b><u>Current Value</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the properties you or your spouse have given away anywhere to anyone:

<u>Description</u>	<u>Location</u>	<u>Value</u>	<u>Given Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Household Composition:**

1. List everyone, including yourself, foster children/adult, and attendants who are necessary for the care of a family member, who will be living in the public housing unit that you are applying for.

2. Do you anticipate any changes in your household composition during the next 12-months? Yes No.

If Yes, please explain:

3. Is any member of your household temporarily away from the residence?

Yes / No.

If Yes, please explain:

4. Are you or a member of your household is mobility impaired? Yes / No

5. What medical insurance do you have? Provide details below:

**Estimated Income:**

Do you currently receive any Financial Assistance (Employment, V.A. Benefits, Welfare, Social Security, SSI, Disability, Unemployment, Scholarships, Worker's Compensation, Pensions, Annuity, Child Support, Alimony, Foster Care, and earned income tax credit, Food Stamps, other contributions from family etc): LIST:

<b><u>Name of Household Member</u></b>	<b><u>Income From/Type</u></b>	<b><u>\$ per year</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**REASON FOR SEEKING ASSISTANCE AT SHANTINIKETAN ASHRAM:**

Write briefly the circumstances under which you are seeking assistance to live in ShantiNiketan Ashram Retirement community:

This form has been filled out by: SELF OTHER: \_\_\_\_\_

I hereby authorize ShantiNiketan Ashram to run a complete background check on everyone mentioned on this application and I certify that all information provided in this application to be true to the best of my knowledge.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only:**

Interviewer's Notes:

Interviewer Recommends Applicant & Co-Applicant for ShantiNiketan Ashram:

YES

NO