

**The Gladys and Henry  
CROWN CENTER FOR SENIOR LIVING  
8348-8350 Delcrest Drive, St. Louis, MO 63124  
(314) 991-2055  
www.crowncenterstl.org**

**Preliminary Application for Apartment Rental**

Applicants for Crown Center must be 62 years of age or older, or the head of household must be 62 years or older.

Name: Mr./Mrs./Ms. \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you lived at this location? From \_\_\_\_\_ To \_\_\_\_\_

Landlord or Mortgage Holder Name \_\_\_\_\_

Address \_\_\_\_\_ zip \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Monthly rent or Mortgage Payment \$ \_\_\_\_\_

Social Security Number \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_

*\*Date of Birth is requested for accurate retrieval of records.*

Marital Status (Optional) [ ] Married [ ] Separated [ ] Widowed [ ] Divorced [ ] Single

Spouse's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

(Name former spouse if divorced or separated)

Spouse Social Security Number \_\_\_\_\_ \*Spouse Date of Birth \_\_\_\_\_

**History of Residency (Minimum of Past 5 years)**

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long did you live at this location? From \_\_\_\_\_ To \_\_\_\_\_

Landlord or Mortgage Holder Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Monthly rent or mortgage payment \$ \_\_\_\_\_

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long did you live at this location? From \_\_\_\_\_ To \_\_\_\_\_

Landlord or Mortgage Holder Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Monthly rent or Mortgage Payment \$ \_\_\_\_\_

**Crown Center Apartment Preference**

Please indicate interest in one or more type of rental plan and building

**Tallin Building 8350 Delcrest (check all that apply)**

\_\_\_ market rate rental plan    \_\_\_ Section 8 rental plan

\_\_\_ 1 bedroom    \_\_\_ large one bedroom (market rate only)

\_\_\_ studio    \_\_\_ efficiency

**Weinberg Building 8348 Delcrest (all units are Section 8 rental plan only)**

\_\_\_ 1 bedroom

Do you have a car? No \_\_\_ Yes \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License  
Plate # \_\_\_\_\_

Owned \_\_\_\_\_ Or, Making Payments to:

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Will you live alone? Yes \_\_\_ No \_\_\_

With whom do you plan to live? \_\_\_\_\_

Why do you wish to move from your present location?

\_\_\_\_\_  
\_\_\_\_\_

Have you previously pled guilty and/or been convicted of a misdemeanor or felony?

Yes \_\_\_ No \_\_\_ If Yes, give details and dates: \_\_\_\_\_

\_\_\_\_\_

Any litigation, suits, judgments, bankruptcies, foreclosures, etc.?

Yes \_\_\_ No \_\_\_ If Yes, give details and dates: \_\_\_\_\_

\_\_\_\_\_

Have evictions proceedings begun or been completed against you? If yes, give details and dates:

\_\_\_\_\_

How did you hear about Crown Center?

Friend \_\_\_\_\_ Family member \_\_\_\_\_ Current resident \_\_\_\_\_ Newspaper Ad \_\_\_\_\_

Clergy \_\_\_\_\_ Social Service Agency \_\_\_\_\_ Other \_\_\_\_\_

**Please complete the following applicable income information:**

Current annual household income \$ \_\_\_\_\_

Applicant place of Employment \_\_\_\_\_

Salary \$ \_\_\_\_\_ per week/month (circle one)

Spouse place of Employment \_\_\_\_\_

Salary \$ \_\_\_\_\_ per week/month (circle one)

If currently employed, when do you plan to retire? Applicant \_\_\_\_\_ Spouse \_\_\_\_\_

Applicant Social Security Income \$ \_\_\_\_\_ per month

Spouse Social Security Income \$ \_\_\_\_\_ per month

Applicant (SSI) Social Security Supplemental Income \$ \_\_\_\_\_ per month

Spouse (SSI) Social Security Supplemental Income \$ \_\_\_\_\_ per month

Applicant Pension/Retirement Income \$ \_\_\_\_\_ per month/year (circle one)

Name of Company \_\_\_\_\_

Spouse Pension/Retirement Income \$ \_\_\_\_\_ per month/year (circle one)

Name of Company \_\_\_\_\_

Rental Property Income \$ \_\_\_\_\_ per month/year (circle one)

Property Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Annuities \$ \_\_\_\_\_ per month/year (circle one)

Name of Company \_\_\_\_\_

Address of Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Other Income

Source \_\_\_\_\_ \$ \_\_\_\_\_ per month/year (circle one)

Source \_\_\_\_\_ \$ \_\_\_\_\_ per month/year (circle one)

**Please complete the following applicable asset information (attach additional sheets as necessary):**

Checking Account(s)

Name of Bank \_\_\_\_\_ Account Number \_\_\_\_\_

Total Face Value \$ \_\_\_\_\_ Annual Interest \$ \_\_\_\_\_

Name of Bank \_\_\_\_\_ Account Number \_\_\_\_\_

Total Face Value \$ \_\_\_\_\_ Annual Interest \$ \_\_\_\_\_

Savings Account(s)

Name of Bank \_\_\_\_\_ Account Number \_\_\_\_\_

Total Face Value \$ \_\_\_\_\_ Annual Interest \$ \_\_\_\_\_

Name of Bank \_\_\_\_\_ Account Number \_\_\_\_\_

Total Face Value \$ \_\_\_\_\_ Annual Interest \$ \_\_\_\_\_

Certificates of Deposit(s)

Name of Bank \_\_\_\_\_ Account Number \_\_\_\_\_

Total Face Value \$ \_\_\_\_\_ Annual Interest \$ \_\_\_\_\_

Name of Bank \_\_\_\_\_ Account Number \_\_\_\_\_

Total Face Value \$ \_\_\_\_\_ Annual Interest \$ \_\_\_\_\_

Money Market Account(s)

Name of Bank \_\_\_\_\_ Account Number \_\_\_\_\_

Total Face Value \$ \_\_\_\_\_ Annual Interest \$ \_\_\_\_\_

Name of Bank \_\_\_\_\_ Account Number \_\_\_\_\_

Total Face Value \$ \_\_\_\_\_ Annual Interest \$ \_\_\_\_\_

Stocks

Name of Company \_\_\_\_\_ Number of shares \_\_\_\_\_

Total Face Value \$ \_\_\_\_\_ Annual Interest \$ \_\_\_\_\_

Name of Company \_\_\_\_\_ Number of shares \_\_\_\_\_

Total Face Value \$ \_\_\_\_\_ Annual Interest \$ \_\_\_\_\_

Bonds

Type \_\_\_\_\_ Total Face Value \$ \_\_\_\_\_ Annual Interest \$ \_\_\_\_\_

Type \_\_\_\_\_ Total Face Value \$ \_\_\_\_\_ Annual Interest \$ \_\_\_\_\_

Real Estate

Do you own real estate? \_\_\_ yes \_\_\_ no

Estimated Value of Home and/or other real estate \$ \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have a trust fund? No \_\_\_\_\_ Yes \_\_\_\_\_

Name of Account \_\_\_\_\_ \$ \_\_\_\_\_

Is it \_\_\_\_\_ revocable \_\_\_\_\_ irrevocable

Have you disposed of any asset(s) in the last two years? No \_\_\_\_\_ Yes \_\_\_\_\_

If "Yes", describe: \_\_\_\_\_

Did you receive less than the fair market value? No \_\_\_\_\_ Yes \_\_\_\_\_

If "Yes", what was the fair market value? \$ \_\_\_\_\_

What amount did you receive? \$ \_\_\_\_\_

Crown Center allows certain pets, with a \$250 pet deposit and proof of all necessary shots.  
Do you have a pet? Dog \_\_\_ Cat \_\_\_ Other \_\_\_ Weight \_\_\_\_\_

Please complete the following information regarding your monthly expenses:  
Rent/Mortgage \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_  
Water \$ \_\_\_\_\_ Telephone \$ \_\_\_\_\_ Transportation \$ \_\_\_\_\_  
Health Care \$ \_\_\_\_\_ Debts \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**Character References**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Credit References**

Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_

**Do you have a condition that requires an apartment unit with physical modifications?**  
No \_\_\_\_\_ Yes \_\_\_\_\_

**Please note:** your credit and all other references must be satisfactory or this rental application may be rejected by The Gladys & Henry Crown Center for Senior Living.

I / WE CERTIFY AND WARRANT that this is an accurate statement of my (our) total income, savings and assets and that all information contained herein is true and correct to the best of my (our) knowledge. I (we) further understand that any deviation between the above figures and my (our) actual financial status can affect my (our) final admission.

Crown Center for Senior Living or any party connected with it or its business organization shall in no event be liable with respect to any matter concerning this rental application or any act of Crown Center for Senior Living or failure to act on the part of Crown Center for Senior Living in connection with any lease contemplated herein.

This application shall be deemed a part of any lease executed in conjunction therewith.

The Applicants(s) hereby authorize(s) Crown Center for Senior Living to obtain any information required regarding the statements in this application, and the applicant(s) agree(s) that this application shall remain the property of Crown Center for Senior Living whether this rental application is accepted or not.

I (we) understand that this application is not binding upon me or upon Crown Center for Senior Living.

The applicant understands that The Gladys & Henry Crown Center for Senior Living does not offer assisted living, nursing care, or provide oversight for residents.

I hereby authorize Crown Center to obtain information it deems necessary and desirable in the processing of my application, including: credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information; and release Crown Center, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. Upon approval and acceptance, the applicant agrees to execute a lease before possession is given and to pay the security deposit and first month's rent. It is further agreed that if any information herein is false, the lease made on the strength of this application may, at the option of the landlord (Crown Center), be terminated at any time.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed, signed preliminary application to:

The Gladys & Henry Crown Center for Senior Living  
8350 Delcrest Drive  
St. Louis, Missouri 63124

All information will be kept in strictest confidence. The application must be completed in its entirety. If there are incomplete portions it will be returned to you. Revised 7.2008