

**APPLICATION FOR RESIDENCY  
MID-COLUMBIA MANOR, INC.**

Smith Tower  
515 Washington Street  
Vancouver, WA 98660  
(360) 695-3474 FAX: (360) 735-1499  
Email: [wendy@manormangement.com](mailto:wendy@manormangement.com)

SMITH TOWER HAS ADMISSION REQUIREMENTS. APPLICANTS MUST MEET THE MID-COLUMBIA MANOR, INC. ELDERLY CRITERIA.

**PLEASE PRINT OR TYPE - ALL INFORMATION WILL BE KEPT CONFIDENTIAL**

Studio unit (one person)                       One bedroom unit (two persons)

**Applicant Information**

- 1.) Applicant: \_\_\_\_\_ Age: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
Maiden Name/Other Names: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ Date Moved In: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_  
Are you a student? Yes (  ) No (  )  
Are you a Military Veteran? Yes (  ) No (  ) If yes, what branch of service? \_\_\_\_\_
- 2.) Do you own your own home? Yes (  ) No (  ) If yes, how long? \_\_\_\_\_
- 3.) Name of Present Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of Landlord: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date Moved In: \_\_\_\_\_
- 4.) Name of Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of Landlord: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_ Moved In/Move-out Dates: \_\_\_\_\_
- 5.) Have you ever been evicted? Yes (  ) No (  ) If Yes When: \_\_\_\_\_  
Where: \_\_\_\_\_
- 6.) Family Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of Contact: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
- 7.) Are you currently displaced due to a Presidential declared disaster? Yes (  ) No (  )  
If Yes When: \_\_\_\_\_ Where: \_\_\_\_\_
- 8.) Has the Applicant ever applied to or lived in a Manor Management Services, Inc. housing facility before? Yes (  ) No (  )  
If yes, when: \_\_\_\_\_ Which facility: \_\_\_\_\_
- 9.) Former/Current Occupation(s): \_\_\_\_\_  
Employer Name(s): \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Manor Management Services, Inc. (MMS) will be contacted prior to application being placed on the wait list to determine if the applicant was previously a resident at a MMS managed facility, and left in unfavorable standing having any outstanding balances due, damages caused, landlord terminated tenancy, eviction notices received, interfered with management, disturbances or complaints, etc., application may be rejected. If landlord references, credit background, or criminal background are not favorable (due to outstanding debt, evictions, etc.) application may be rejected. **MMS facilities include; Alberta Simmons Plaza, Chaucer Court, Kirkland Union Manors, Kirkland Union Plaza, Marshall Union Manor, Smith Tower, Summer Run, Westmoreland's Union Manor & Ya Po Ah Terrace.**

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**Spouse/Co-Applicant Information**

1.) Spouse / Co-Applicant: \_\_\_\_\_ Age: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
Maiden Name/Other Names: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ Date Moved In: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_

Are you a student? Yes ( ) No ( )

Are you a Military Veteran? Yes ( ) No ( ) If yes, what branch of service? \_\_\_\_\_

2.) Do you own your own home? Yes ( ) No ( ) If yes, how long? \_\_\_\_\_

3.) Name of Present Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of Landlord: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date Moved In: \_\_\_\_\_

4.) Name of Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of Landlord: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_ Moved In/Move-out Dates: \_\_\_\_\_

5.) Have you ever been evicted? Yes ( ) No ( ) If Yes, When: \_\_\_\_\_  
Where: \_\_\_\_\_

6.) Family Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of Contact: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

7.) Are you currently displaced due to a Presidential declared disaster? Yes ( ) No ( )  
If Yes, When: \_\_\_\_\_ Where: \_\_\_\_\_

8.) Has the Spouse / Co-Applicant ever applied to or lived in a Manor Management Services, Inc. housing facility before? Yes ( ) No ( )  
If yes, when: \_\_\_\_\_ Which facility: \_\_\_\_\_

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**Applicant Information/ Spouse/Co-Applicant Information**

Note: We conduct criminal background checks on ALL adult members of the household.

1.) Total estimated gross annual household income from all sources (Soc. Sec., SSI, Pensions, Salary, Interest) \$\_\_\_\_\_ per year.

2.) Please list all **states and counties** in which ALL of the members of the applying household have lived, (including years).

States \_\_\_\_\_, Counties \_\_\_\_\_

3.) Does applicant(s) have a pet? Yes ( ) No ( ) Type \_\_\_\_\_  
Please contact the office for Pet Policy information.

4.) Have you or any person who will be occupying the unit ever been convicted, or pled guilty or no contest to any: Felony: Yes ( ) No ( ) If yes when \_\_\_\_\_, where \_\_\_\_\_  
Misdemeanor: Yes ( ) No ( ) If yes when \_\_\_\_\_, where \_\_\_\_\_

5.) Are you or any person who will be occupying the unit subject to a Lifetime Sex Offender Registration Requirement in any State? Yes ( ) No ( )  
If yes, when \_\_\_\_\_ and where \_\_\_\_\_

6.) Will you or anyone occupying the unit require an Accessible Unit because of physical handicap or mobility impairment? Yes ( ) No ( )

7.) How did you hear about Smith Tower? Friends( ) Family member( )  
Site sign( ) Newspaper ad( ) Brochure( ) Agency referral( ) Website( )  
Other: \_\_\_\_\_

8.) Personal Reference #1: Name \_\_\_\_\_ Phone \_\_\_\_\_

Personal Reference #2: Name \_\_\_\_\_ Phone \_\_\_\_\_

YOU MUST PROVIDE CERTIFICATION OF U.S. CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS, HUD ACCEPTABLE DOCUMENTATION OF SOCIAL SECURITY NUMBER AND PHOTO IDENTIFICATION (THESE ITEMS WILL BE PHOTOCOPIED AND RETAINED AS A PART OF THIS APPLICATION).

I certify that all of the information I have given on this Application and in the Application Material is correct and complete. I understand that if any of this information is found to be false it shall be grounds for rejecting my Application. Furthermore, I understand if any Application information is later found to be false after obtaining housing, it shall be grounds for eviction. I hereby authorize you to make any inquiries you feel necessary to evaluate my tenancy and credit standing. This will include, but is not limited to, any or all of the following:

- 1) Prior Tenant History
- 2) Public Records
- 3) Verification of Information
- 4) Credit History

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

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