



MAYFLOWER HOMES, INC.
616 Broad Street, Grinnell, IA 50112

RESIDENT APPLICATION

BIOGRAPHICAL DATA

Full Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Street City State Zip Code

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Where have you lived during your adult life? \_\_\_\_\_

Place of birth: \_\_\_\_\_ Married [ ] Single [ ] Widowed [ ] Divorced [ ]

Date of marriage(s) (if married): \_\_\_\_\_

Name of Spouse(s) (including maiden name): \_\_\_\_\_ Date of death of spouse(s) \_\_\_\_\_

Do you have a living will? \_\_\_\_\_ A power-of-attorney? \_\_\_\_\_ A power-of-attorney for health care decisions? \_\_\_\_\_

CHILDREN:

Table with 3 columns: Name, Address (city, state, zip), and Phone (home, work). It contains 5 rows for children, each with fields for Name, Address, Occupation, Children, and Phone.

**BROTHERS AND SISTERS NOW LIVING:**

1. Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

4. Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**PERSONAL BIOGRAPHY:**

What was your occupation: \_\_\_\_\_

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

Occupation of your spouse: \_\_\_\_\_

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

Hobbies & Interests: \_\_\_\_\_

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

Brief biographical information: \_\_\_\_\_

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

**FUNERAL & BURIAL PLANS:**

Name of persons responsible for funeral arrangements: \_\_\_\_\_  
\_\_\_\_\_

**Name and address of funeral director to be called:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Any further directions or instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where is your will kept? \_\_\_\_\_

I have a lot in \_\_\_\_\_ Cemetery, City of \_\_\_\_\_

Lot number: \_\_\_\_\_ Who holds the deed? \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**List names, addresses & phone numbers of persons to be notified in case of an emergency, illness or death:**

1.) Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Street City State Zip Code

2.) Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Street City State Zip Code

3.) Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Street City State Zip Code

**Name of person responsible for my affairs should I become unable to take care of them:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

**FINANCIAL RESOURCES**

For confidential use of the Board of Trustees of Mayflower Homes, Inc. Indicate below your total resources.

**CURRENT VALUE AND OWNERSHIP**

Real Estate: \_\_\_\_\_ \$ \_\_\_\_\_

Stocks/Bonds: \_\_\_\_\_ \$ \_\_\_\_\_

Bank Accounts: \_\_\_\_\_ \$ \_\_\_\_\_

Marketable Personal Property: \_\_\_\_\_ \$ \_\_\_\_\_

The amount and sources of your monthly income:

1. Wages: \_\_\_\_\_ \$ \_\_\_\_\_

2. Social Security: \_\_\_\_\_ \$ \_\_\_\_\_

3. Veteran's Benefits: \_\_\_\_\_ \$ \_\_\_\_\_

4. Interest on deposits, savings, etc: \_\_\_\_\_ \$ \_\_\_\_\_

5. Pensions: \_\_\_\_\_ \$ \_\_\_\_\_

6. Property Income (rental, etc): \_\_\_\_\_ \$ \_\_\_\_\_

7. Other: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL PER MONTH: \$ \_\_\_\_\_

Liabilities - (I owe the following): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**CHURCH COMMITMENTS**

Of what church are you now a member? \_\_\_\_\_

Are you a regular attendee? \_\_\_\_\_

Of what other churches have you been a member? \_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

1. Name of Pastor: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name of your Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name of your Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

4. Name of your Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

5. Name and address of two people, not relatives, who you know well:

1.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

2.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

**HEALTH RECORD**

List health insurance companies & policy numbers:

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Do you have any physical disabilities? YES [ ] NO [ ]

If yes, please describe them: \_\_\_\_\_

Condition of your sight: \_\_\_\_\_

Condition of your hearing: \_\_\_\_\_

Have you any condition which may require special treatment, surgery or special diet? YES [ ] NO [ ]

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you at the present time under medical care? If so, describe \_\_\_\_\_

TYPE OF HOME DESIRED:

- HARWICH TERRACE       PRAIRIE POINTE       CAMPUS  
 STUDIO       TWO BEDROOM       ONE BEDROOM

PLEASE MARK ONE OF THE FOLLOWING BOXES:

- I wish to be on the active waiting list and wish to be contacted whenever my application is in line for a living unit.  
 I prefer to be on the inactive waiting list until such time that I would be sincerely interested and a vacancy occurs.

**AFFIRMATION**

I hereby declare that all statements made herein, or in any related forms, are true and complete and I further agree that this application shall become a part of any subsequent contracts made with the Mayflower Homes, Inc. in Grinnell, Iowa.

I understand that Mayflower Homes, Inc. may:

1. Ask any Mayflower member for any cause which, in the Board of Trustees' judgement is detrimental to the welfare of the Mayflower.
2. Make changes in policies or regulations or make exceptions to them as determined by the Board of Trustees.
3. Make changes in Mayflower fees, as operating needs so indicate.
4. Treat the application fee submitted herewith as non-refundable and as a tax-deductible gift to Mayflower Homes, Inc. in the event I wish to remove my name from the waiting list.

IN WITNESS WHEREOF I HAVE HEREUNTO SET MY HAND TO THIS

APPLICATION THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ IN THE YEAR \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Co-Applicant

**Send completed application and check for \$500 to: Mayflower Community, 616 Broad St., Grinnell, IA 50112**