



**APPLICATION FOR RESIDENCY**

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

**Please read carefully.** All questions must be answered. An incomplete application will delay determination for admission. If something does not apply to you, please indicate so with a N/A. Please return the application and all documentation to Mary Bryant Home, 2960 Stanton Street, Springfield, IL 62703.

Applicant Full Legal Name: \_\_\_\_\_

Co-Applicant Full Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Work/Cell Phone No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Co-Applicant's Social Security No.: \_\_\_\_\_

Medicare No.: \_\_\_\_\_ Co-Applicant's Medicare No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

(City County State Country)

Are you a U.S. Citizen?  Yes  No

If not, are you eligible immigration status?  Yes  No

Does anyone live with you?  Yes  No

Does anyone plan to live with you in the future?  Yes  No

If yes, how many people?  Yes  No

Do you have a service animal? Type: \_\_\_\_\_  Yes  No

Do you have a Power of Attorney?  Yes  No

If yes, Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Do you have a guardian?  Yes  No

If yes, Name: \_\_\_\_\_

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

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

**Emergency Contact(s):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**LANDLORD REFERENCE**

Current Landlord:

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

How long have you lived at your current address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Reason for wanting to move:

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

Previous Landlord:

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

How long did you live at the previous address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Reason for moving:

\_\_\_\_\_

**CREDIT/CHARACTER HISTORY**

Have you ever been evicted? \_\_\_ Yes \_\_\_ No If so, explain when and circumstances.

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

Have you ever declared bankruptcy? \_\_\_ Yes \_\_\_ No If so, explain when and circumstances.

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

Have you ever defaulted on any financial obligations such as medical bill, student loans, credit cards or household bills? \_\_\_ Yes \_\_\_ No If so, explain when and circumstances.

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

Have you been convicted of a felony or misdemeanor? \_\_\_ Yes \_\_\_ No If so, explain when and circumstances.

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

Have you ever been charged with writing a bad check? \_\_\_ Yes \_\_\_ No If so, explain when and circumstances.

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

Have you ever had rent assistance that was terminated for fraud, nonpayment of rent, or failure to re-certify?  
\_\_\_ Yes \_\_\_ No If so, explain when and circumstan

Are you totally blind? \_\_\_\_ Yes \_\_\_\_ No

If you have a degree of sight, what is your visual acuity? Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

Please provide a list of the following:

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Primary Care Physician Name	Address	Phone
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Optometrist/Ophthalmologist Name	Address	Phone
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Pharmacy Name	Address	Phone
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Specialist Name and Specialty	Address	Phone
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Specialist Name and Specialty	Address	Phone
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Specialist Name and Specialty	Address	Phone
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**APPLICANT CERTIFICATION**  
**PLEASE READ CAREFULLY**

I/We understand that the above information is being collected to determine my/our eligibility for housing operated by the Mary Bryant Home Association. I/we authorized the Mary Bryant Home, and/or its agent(s), to verify all information provided on this application; to contact previous and current landlords; run a criminal record check on all adult members of the household; call personal references, and all other sources for credit and verification information which may be released to appropriate Federal, State and local agencies.

I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. **I/we understand that providing false statements or information is punishable under Federal Law and could result in the denial or rejection of my/our application.**

We only share the information you provide with agencies as needed to assist with your application for admission to our facility.

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

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

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

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



# Mary Bryant Home

A Supportive Living Community for the  
Blind and Visually Impaired

## AUTHORIZATION FOR RELEASE OF INFORMATION

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_

I authorize:

Provider Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

to release any medical, clinical or other information relating to patient named above that may be necessary or convenient for the purpose of application for residency to the:

Mary Bryant Home for the Blind and Visually Impaired.  
2960 Stanton Street  
Springfield, IL 62703  
Phone: (217) 529-1611 Fax: (217) 529-6975

Such information may be exchanged via fax, email (msmith@marybryanthome.org) or mail.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Legal relationship to named individual)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

**NOTICE TO RECEIVING ORGANIZATION/INDIVIDUAL:** Under provision of the Confidentiality Act, this information shall not be further disclosed unless the person who consented to the disclosure specifically consents to the re-disclosure.