



**UPLAND MANOR**  
SENIOR CHRISTIAN LIVING

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

1125 W. Arrow Hwy., Upland, CA 91786  
Phone: (909) 985-1215 | Fax: (909) 920-4014  
www.uplandmanor.com



*To promote quality Christian homes and supportive services in an atmosphere of Christ-like love and care for the whole person.*

1. Please complete the entire application and return it when the \$30 application fee to our office.
2. Approval is based on financial screening. Once the application is received and reviewed, the qualified applicant(s) will be place on our applicant list. Applicants will be contacted based on the application date, desired move-in time, and availability of the approved accommodation.

This application is being submitted for:

Studio                      1 Bedroom                      2 Bedroom

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

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Time at location: \_\_\_\_\_

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

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

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

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Time at location: \_\_\_\_\_

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

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

**Marital Status**

Married                       Anniversary Date: \_\_\_\_\_  Single     Separated     Divorced

**How did you learn about Upland Manor**

Church                       Word of mouth                       Trade show: \_\_\_\_\_

Resident                       Drive                       Advertising: \_\_\_\_\_

Website                       Other: \_\_\_\_\_

**Children**

Name	Address	State	Zip	Phone #

**Applicant Full Name:** \_\_\_\_\_

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

**Health Plan:** \_\_\_\_\_

Company: \_\_\_\_\_ Policy # \_\_\_\_\_

**Do you have a Durable Financial & Medical Power-of-Attorney?**  Yes  No **If yes,**

Name \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

**Do you have a Living Will or Advanced Directive?**  Yes  No

**Do you have a DO NOT RESUSCITATE (DNR) form, where do you keep it?** \_\_\_\_\_

**Physician Information**

Name \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

**Please indicate any medical condition of which the Managers should be aware:** \_\_\_\_\_

**Do you use any of the following?**

Oxygen Tank      Hearing Aids –  Left  Right  Both      **Assistive Device:** \_\_\_\_\_

**Where have you resided most of your life?** \_\_\_\_\_

**What is your current/previous occupation?** \_\_\_\_\_

**What is your educational background?** \_\_\_\_\_

**What is your service to your church and/or community?** \_\_\_\_\_

**If an attendee/member, what is your place of worship?** \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

**What are your hobbies?** \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

Health Plan: \_\_\_\_\_  
Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Do you have a Durable Financial & Medical Power-of-Attorney?  Yes  No If yes, \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Do you have a Living Will or Advanced Directive?  Yes  No

Do you have a DO NOT RESUSCITATE (DNR) form, where do you keep it? \_\_\_\_\_

**Physician Information**

Name \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Please indicate any medical condition of which the Managers should be aware: \_\_\_\_\_

**Do you use any of the following?**

Oxygen Tank      Hearing Aids –  Left  Right  Both      Assistive Device: \_\_\_\_\_

Where have you resided most of your life? \_\_\_\_\_

What is your current/previous occupation? \_\_\_\_\_

What is your educational background? \_\_\_\_\_

What is your service to your church and/or community? \_\_\_\_\_

If an attendee/member, what is your place of worship? \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

**Financial Statements**

Is this a  joint statement or  individual statement? If individual, please list each tenant's financials separately.

Have you disposed of any property, real or personal, within the last five years?  Yes  No

If yes, please describe the property to whom it was given, and when:

Assets	Joint or Individual Applicant	Co-Applicant
Cash & Checking	\$	\$
Stocks, Bond, Securities	\$	\$
Savings & CDs	\$	\$
Real Estate (Primary)	\$	\$
Real Estate (other)	\$	\$
Trust Account	\$	\$
Other Assets	\$	\$
Total Assets	\$	\$

Liabilities	Joint or Individual Applicant	Co-Applicant
Notes Payable	\$	\$
Mortgage(s)	\$	\$
Other Debts (Itemized)	\$	\$
Total Liabilities	\$	\$

Monthly Income	Joint or Individual Applicant	Co-Applicant
Social Security	\$	\$
Pension	\$	\$
Annuities	\$	\$
Dividends/Interest	\$	\$
Other Income	\$	\$
Total Monthly Income	\$	\$

I hereby declare that all information included on this application is true to the best of my knowledge. I consent to a credit and background check to determine my application's eligibility. I understand that application fees are non-refundable. I understand that Upland Manor's acceptance of this application does not constitute a contract and does not constitute an offer for, or promise of, admission to Upland Manor.

Applicant(s) sign and date

Office Use Only:	
Date Application Received:	_____
Application Received by:	_____