

Billing Address

Name	Relationship	Address	Phone #
			H: W: C:

Emergency Notification

Name	Relationship	Address	Phone #
			H: W: C:

Name	Relationship	Address	Phone #
			H: W: C:

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The undersigned represent(s) that all of the above statements are true and complete and hereby authorize Valley Senior Living, its employees and agents to contact and obtain information from any individuals or entities that may have information regarding past residential arrangements of the undersigned. The undersigned hereby indemnify and hold harmless Valley Senior Living, its employees and agents and all other individuals or entities contacted by Valley Senior Living from all causes of action, expenses, losses or damages of any kind arising from or related to any information obtained regarding the undersigned. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap or national origin in compliance with the Fair Housing Act. This application is preliminary only and does not obligate Valley Senior Living to deliver possession or keys to the premises. No contract will be established between the parties until a lease agreement has been signed by all parties. Valley Senior Living reserves the right to refuse rental to persons with a criminal history.

Applicant

Signature: _____

Date: _____

Applicant

Signature: _____

Date: _____