

Rev. Dr. Albert C. Clayton Senior Residence

144 John Street

Lakewood NJ 08701

Pre-Screening Application

GENERAL INFORMATION

Application Date: _____

Applicant's Name: _____

Current Address: _____

City/State/Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

HOUSEHOLD COMPOSITION

Complete the following information for each household member who will occupy the unit.

Name <i>First, Middle Initial, Last</i>	Relationship to head of household	Marital Status?	Male or Female?	Social Security Number	Birth Date <i>Month, Date, Year</i>

INCOME INFORMATION

List all sources of income and the gross (\$) amount anticipated for the next 12 months.

Type/Income:

Yearly Amount:

Type/Income:

Yearly Amount:

Do you require a specially adapted handi-cap unit? _____

Do you have a floor preference? 1 _____ 2 _____ 3 _____

Do you prefer smoking or non-smoking (if available) _____

Do you have a pet(s) _____

PLEASE MAIL COMPLETED APPLICATION TO:

**O.C.E.A.N, Inc
PO Box 328**

Toms River NJ 08754

For questions please call June O'Hara 732-244-5333 ext. 917