



Camelli House – Independent Living Facility (ILF) Application

Where Peace and Comfort Meet

Applicant Information

Full Name:		Date of Birth (MM/DD/YYYY):	
Social Security Number:		Phone Number:	
Email Address:		Gender:	

Residence History

Current Address:			
Length of Stay:		Reason for Leaving:	
Prior Address:			
Length of Stay:		Reason for Leaving:	

Income Information

Primary Source of Income (e.g., Employment, SSI, SSDI):	
Monthly Income Amount (\$):	
Employer / Payee Name:	
Employer / Payee Phone Number:	

Emergency Contact

Name:		Relationship:	
Phone Number:		Address:	

References (3 Required)

Name	Relationship	Phone Number	Email Address

Additional Information

Do you have any disabilities or health conditions requiring accommodation?	
Are you currently employed or enrolled in a program?	
Do you have any criminal background history? (If yes, please explain)	
Are you currently under supervision (probation/parole)?	

Note: A criminal background does not automatically disqualify an applicant. Each case is reviewed individually.

Background Check Authorization

By signing below, I authorize Camelli House to conduct a background check, including criminal history, rental verification, and reference checks, for the purpose of evaluating my eligibility for residency.

Applicant Signature: _____ Date: _____

Acknowledgment

I affirm that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in denial or termination of residency.

Applicant Signature: _____ Date: _____

For Office Use Only

Received By	Date Received	Reviewed By	Background Check Completed	Move-In Date
			■ Yes ■ No	

Notes:
