



Stonebridge
OF GURNEE

5980 Washington Street, Gurnee, IL 60031, (847) 596-3211 (PHONE) (847) 855-2170 (FAX)

Email Pre-Application Form: info@stonebridgegurnee.com

PRE-APPLICATION FORM

Date/Time Received: _____

Interested Person for Studio One Bedroom (Check All That Apply)

Date Apartment Needed: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ Age: _____ Medicaid: Yes No

Where Do You Currently Live? Nursing/Assisted Living Facility Apartment Private Home

Other - Please Explain _____

If you live in a facility, name of facility: _____

Name of Case Manager: _____

Financial Source of Income (Social Security, Pension, VA Benefits, Employed, etc.)

Source(s)	Monthly Amount (\$)

Optional and for Federally Subsidized Programs ONLY

ETHNICITY:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Non-Latino
RACE:	<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American
	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan
	<input type="checkbox"/> Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander

