

# Welty TownHomes Application for Occupancy

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

The undersigned makes application for occupancy of one of the patio homes at Welty TownHomes and submits the following information to Welty in support of the application.

1. Name of applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_  
(Street address, city, state, and zip code)

2. Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Telephone number \_\_\_\_\_ Marital status \_\_\_\_\_

3. Name of spouse \_\_\_\_\_ (if applicable)

Date of birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

4. Other than a spouse, will there be any other co-occupant of the residence on either a full-time or part-time basis? \_\_\_\_\_

If yes, please provide the name of the person, current address, birth date, social security number and relationship to the applicant:

Name of applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_  
(Street address, city, state, and zip code)

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Relationship \_\_\_\_\_

5. Do you expect the number of household members to change in the future? \_\_\_\_\_

If yes, please explain how many members will be added or reduced, and when the change will take place:

\_\_\_\_\_  
\_\_\_\_\_

6. Are you or any of your family members a current or former resident of any other Welty property, including Clara Welty Apartments, Bertha Welty Apartments, Welty Home or Good Shepherd Nursing Home? \_\_\_\_\_

If yes, please provide the name of the person and dates of their occupancy and identify the Welty property:

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7. Do you own and drive an automobile? \_\_\_\_\_ (yes or no)

Does co-occupant own and drive an automobile? \_\_\_\_\_ (yes or no)

8. Are you retired? \_\_\_\_\_ (yes or no) If not, with whom are you employed?

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9. How soon will you be able to obligate yourself to a home in Welty TownHomes?

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10. Welty TownHomes is designated to provide special housing for the elderly who find the maintenance of a residence to be a burden; or, by reason of advancing age, physical infirmity, fear of living alone, require housing in a unique residential environment

What are your needs that can be satisfied by residency in one of the Welty TownHomes homes?

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\_\_\_\_\_  
(signature of applicant)

\_\_\_\_\_  
(signature of applicant)

Please mail to:  
Donald R. Kirsch, CEO  
Welty Home for the Aged, Inc.  
159 Edgington Lane  
Wheeling, WV 26003