

APPLICATION FOR RESIDENCY - TEKOA MANOR or PROVIDENCE PLACE

All Applications are Subject to a \$75.00 non-refundable Administration Fee*

FIRST APPLICANT Image: Member of Durham Christian Hom	nes (Applicants must be	approved and become Lifeti	me Members upon residency)	
Name of Applicant:				
Address:			City:	
Postal Code: Home	Phone:	Cell Pho	ne:	
Date of Birth:	🗆 Sing	le 🛛 Married 🗖 Wide	owed Deparated/Divorced	
State of Health: □ Good □ Fair Ⅰ	⊐ Poor If Poor Hea	lth, please specify:		
SECOND APPLICANT (if applicable) Member of Durham Christian Hon	nes (Applicants must be	approved and become Lifeti	ime Members upon residency)	
Name of Applicant/Spouse:				
Date of Birth		State of Health: 🛛 🛛	State of Health: Good Fair Poor	
If Poor Health, please specify:				
Requesting Residency for the follo Providence Place (PP)	wing:	□ 2 bedroom		
🗖 Tekoa Manor (TM)	(TM) 🗆 1 bedroom 🖾 1 bedroom & Den			
□ Either PP or TM	□ 1 bedroom	□ 2 bedroom (PP)	□ 1 bedroom & Den (TM)	
Special requests/unit preference (e.g	:: east side, ground floo	r, etc):		
I am able to move from my current p	lace of residence with	nin: 🛛 🗆 30 days	□ 60 days	
Church Affiliation:				
Next of Kin or Contact Person:	ļ			
Next of Kin Address:	<u> </u>	Phone	Phone:	
In completing this application, I acknowledge facility. I authorize Durham Christian Homes establishing or verifying financial standing.				
First Applicant Signature:			Date:	
Second Applicant Signature (if applical	ble):		_ Date:	

*Administration Fee is subject to change based on Board approval.