

RESIDENT APPLICATION FOR
WINIFRED STUART MANKOWSKI HOMES
819 North Citrus Avenue
Azusa, California 91702 USA
626.334.4718

Completed application to be held in appropriate confidence.

PLEASE PRINT

Date of Application _____

Background information:

1. Your name in full: _____
2. Your complete address: _____

3. Your home telephone number: (_____) _____ Cell phone: (_____) _____
4. Your Social Security number: _____
5. Your date of birth: ____/____/____ 6. Your age : _____ 7. Your sex: _____
8. Birthplace: _____ 9. Citizenship (country): _____
10. If in Question 9 your citizenship is other than United States, are you able to obtain a permanent United States visa? Yes No Don't know
11. Are you married, widowed, divorced or single? _____

Christian Science practice:

1. How long have you been actively practicing Christian Science? _____
2. How long have you served as a Christian Science practitioner, or as a Christian Science nurse advertising in *The Christian Science Journal* directory? _____
3. Are you currently advertising your availability in *The Christian Science Journal*? _____
4. If your card in *The Journal* has ever been withdrawn or removed, kindly explain fully:

5. When did you receive Christian Science primary class instruction? _____
6. Who was your Christian Science primary class teacher? _____
7. What year did you join The Mother Church, The First Church of Christ, Scientist, in Boston Massachusetts? _____
8. To which Branch Church or Society do you belong? _____
Since (year joined)? _____

9. Please list the last three Christian Science Branch Churches or Societies of which you have been a member, year joined, and reason for change:
- a) _____
- b) _____
- c) _____
10. Would you list the various capacities in which you have served the Church of Christ, Scientist over the years? _____
- _____
- _____
11. Do you intend to continue active Branch Church participation? Yes No
12. It is assumed as a working Christian Scientist that you are free from the use of tobacco, drugs, and intoxicants. Is that a correct assumption? Yes No

Personal information and references:

1. Please describe your general condition of health: _____
- _____
2. Do you have any physical disabilities or disorders? Yes No
3. If yes, please describe the nature of them: _____
- _____
- _____
4. Are you able to take care of normal living needs (marketing, cooking, housekeeping) without assistance? Yes No
5. If no, please say why: _____
- _____
- _____
- _____

IF A SPECIAL NEED AROSE

Please provide names and contact information of those (including any adult children) who would help if an emergency or a special need arose.

1. Name: _____ Telephone: (_____) _____
- Address: _____
- _____
- Relationship: _____ Attitude towards Christian Science _____
- _____

2. Name: _____ Telephone: (_____)
Address: _____

Relationship: _____ Attitude towards Christian Science _____

3. Name: _____ Telephone: (_____)
Address: _____

Relationship: _____ Attitude towards Christian Science _____

REFERENCES

Please list three (3) members of The Mother Church who are not related to you, including one (1) *Journal*-advertising Christian Science practitioner acquainted with your affairs and to whom reference may be made: (Please list practitioner first.)

1. Practitioner's Name: _____
Address: _____

Telephone: (_____) How acquainted: _____

2. Name: _____
Address: _____

Telephone: (_____) How acquainted: _____

3. Name: _____
Address: _____

Telephone: (_____) How acquainted: _____

Financial information:

MY CURRENT INCOME

1. My monthly pension income from social security, company, government, institutional, or other sources is: 1. _____
2. My monthly income from the interest of savings, money market funds, and bonds is: 2. _____
3. My monthly income from dividends and stocks or mutual funds is: 3. _____
4. My monthly income from rental property I own is: 4. _____
5. My monthly income from the Christian Science practice/work is: 5. _____
6. My monthly income from the support of family members is: 6. _____
7. My monthly income from other sources is/are: (identify) 7. _____

8. SUB TOTAL (Add lines 1 through 7) 8. _____
9. Do you expect any of the above income to cease within the near future? Yes No 9. _____
If "yes," deduct the monthly amount from the subtotal in line 8.
Please explain reduction: _____
10. TOTAL MONTHLY INCOME (Subtract 9 from 8) 10. _____

MY ASSETS

1. The estimated value of real property I own is: 1. _____
2. The estimated value of mutual funds, stocks, or bonds I hold is: 2. _____
3. The amount I have in savings, checking, money market funds, or certificates of deposit is: 3. _____
4. The estimated value of my automobile(s) is: 4. _____
5. The value of all other assets I hold is estimated to be: 5. _____
6. TOTAL VALUE OF MY ASSETS (Add lines 1 through 5) 6. _____

MY PRESENT EXPENSES

1. My monthly rent or mortgage payment is: 1. _____
2. My monthly food expenses are: 2. _____
3. My monthly transportation expenses are: 3. _____
4. My monthly insurance expenses are: 4. _____
5. My other monthly miscellaneous expenses (phone, cable, etc.) are: 5. _____
6. TOTAL MONTHLY EXPENSES (Add lines 1 through 5) 6. _____

MY CURRENT DEBTS

(Please disclose any present indebtedness in excess of \$1,000 US)

CREDITOR	AMOUNTS
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. MY TOTAL DEBTS IN EXCESS OF \$1,000 US ARE: (Add lines 1 through 3)	4. _____

CONCERNING MY PERSONAL BANKING AND FINANCIAL AFFAIRS

- 1. Do you presently handle all your personal banking and financial affairs? Yes No
- 2. If no, who does handle these affairs for you? _____

COMMENTS

Please comment on anything in this application you may wish to explain or discuss further:

Why are you interested in coming to the WINIFRED STUART MANKOWSKI HOMES? _____

VERIFICATION/APPROVAL SIGNATURE

The WINIFRED STUART MANKOWSKI HOMES consist of separate bungalow-apartments, each complete with a kitchen, where the residents prepare their own meals. They will also do their own housework except for a periodic general cleaning service. No central dining room or Christian Science nursing facility is provided. In the Administration Building there is a library and a social-lounge room for the enjoyment of the residents. A laundry room with self-service washing and drying facilities is also available.

Are these living arrangements acceptable to you? Yes No

I thoroughly understand the questions and answers in this application and if accepted as a resident will, as a working Christian Scientist, do everything possible to support the purpose and aims of the WINIFRED STUART MANKOWSKI HOMES in the promotion of an enlightened sense of advancing years for the other residents as well as myself. I also understand that if accepted for tenancy, it will be on a monthly rental basis, to continue so long as I demonstrate the capacity to live independently, and harmoniously support the rules of the home, the terms of the MANKOWSKI TRUST, and the general good of all who reside in the HOMES.

UNDER PENALTIES OF PERJURY, I declare that, to the best of my knowledge and belief, the answers to the financial statements made in this application are a true, correct and complete statement of my financial condition.

I hereby grant permission to the WINIFRED STUART MANKOWSKI FOUNDATION and its agents to contact the references and to verify such information as is deemed necessary to process this application. I further attest to the fact that all I have stated in this application is correct to my best knowledge and belief.

Signature of Applicant

Date of Signing