

Resident Application

Resident 1:

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ ID/Driver License: _____

Street Address: _____ City _____ State _____ Zip _____

Phone: _____ e-mail: _____

Resident 2 (if applicable):

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ ID/Driver License: _____

Phone: _____ e-mail: _____

Do you own this home? ☐ YES ☐ NO If NO, please answer the following questions:

Reason for leaving? _____

Present landlord name _____ Phone: _____

Have you ever been evicted? ☐ YES ☐ NO If YES, please explain:

Pets? ☐ YES ☐ NO If YES, please describe: _____

If you are joining our waitlist, please indicate which type of unit(s) you are interested in:

Independent Living at The Oaks: ☐ Studio Apt. ☐ 1-Bedroom Apt. ☐ 2-Bedroom Apt.

Assisted Living at The Retreat: ☐ Private Room ☐ Shared Room

How soon would you be interested in moving? _____

I/We hereby attest that all the information provided above is true and correct:

(sign here) _____ Date: _____

Contact Person (if different than resident listed above). Name: _____

Relationship to resident: _____ Phone: _____

Email: _____

Return this form in person or mail to: The Oaks of Pasadena 2954 E. Del Mar Blvd. Pasadena, CA 91107

email to: info@pasadenaoaks.com or text to: 626-786-1612