

ADDITIONAL QUESTIONS:

HOW DID YOU HEAR ABOUT US? _____

ARE YOU ON YOUR OWN RESPONSIBLE PAYEE? _____

If not, who is your responsible payee? _____

WHEN ARE YOU PLANNING TO MOVE-IN? ____ **30 DAYS** ____ **60 DAYS** ____ **ASAP**

Applicant's Signature

KPIL Representative's Signature

Note:

Please send your filled out request form to

**Phillip Domantay
King Phillip Independent Living
738 S. Jackson Avenue, San Jose, CA 95116**

OR

You may also fax it thru 408.251.2404.

You will hear from us very soon with our availability updates.

Thank you for interest in living at King Phillip Independent Living