

Rental Application for Long-Term Care Facility

Date: [Insert Date]

[Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Facility Manager/Administrator's Name],

I am writing to formally apply for residency at [Facility Name]. I am seeking a long-term care solution that meets my needs, and after researching various options, I believe that your facility would be a perfect fit.

Below are my details:

- **Applicant Name:** [Your Name]
- **Date of Birth:** [Your Date of Birth]
- **Contact Number:** [Your Phone Number]
- **Email Address:** [Your Email Address]
- **Current Address:** [Your Current Address]

I have specific health care needs that I would like to discuss further, including [briefly mention any relevant health issues]. I am seeking a supportive community and access to necessary medical services to enhance my quality of life.

Attached are the required documents as per your application guidelines, including:

- Proof of income
- Medical records
- References
- Completed application form

Thank you for considering my application. I look forward to the possibility of discussing this further.

Sincerely,

[Your Signature (if submitting by mail)]

[Your Printed Name]

[Your Relationship to Family Member (if applicable)]