



Falkirk Assisted Living Franchise Qualification Form

Personal Information:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone : _____ Evening Phone: _____ Cell Phone: _____

Email Address : _____ Date of Birth: _____

Other Information:

Highest Level of Education : () High School () College () Graduate School () Other: _____

Current Employer : _____ Job Title: _____

Have You Ever Owned A Business Before? () Yes () No

Have You Ever Owned A Franchise Before? () Yes () No

I Am Interested in Becoming: () Franchise Owner () Area Developer () Not Sure

My Time Frame Is: () 1-3 Month () 3-6 Months () Greater Than 6 Months

Financial Information:

Assets	Liabilities
Cash: _____	Mortgage: _____
Stocks & Bonds: _____	Credit Cards: _____
Real Estate: _____	Vehicles: _____
Other: _____	Other: _____

I agree that the above is accurate to the best of my knowledge:

Signature

Date

Please mail or fax form to: 31704 Marigold Dr, Brownstown, MI 48173 or (734) 654-9516