

Formal Application For Residency



Name of Applicant _____ Date of Birth _____

Co-applicant Name (if applying jointly) _____ Date of Birth _____

Address _____
(Street) (City) (State) (Zip Code)

Email _____ Phone Number _____

Religious Affiliation (optional) _____

Marital Status: Married Divorced Widowed Single

Are you employed? _____ Name of Employer _____

Applicant's main occupation during adult life _____

Co-applicant's main occupation during adult life _____

List skills, hobbies, interests _____

Co-applicant's skills, hobbies, interests _____

Your present state of health _____ Physician _____

Co-applicant's present state of health _____ Physician _____

Does applicant or co-applicant require any daily personal assistance? _____ If yes, please explain _____

Name, address, telephone number of relative or other contact:

It is the policy of Friends Homes, Inc. to admit all persons without distinctions based upon race, color, religion, gender, national origin, handicap, or any other basis of discrimination. This policy is in accordance with the philosophy of Friends Homes, Inc., Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1965 and the Rehabilitation Act of 1973, Section 504.



Confidential Information For Future Residents



Campus Desired: Guilford West

Unit Desired: Studio One Bedroom Apartment Two Bedroom Apartment

Two Bedroom Townhome Three Bedroom Cottage Anticipated Date of Entry: _____

		APPLICANT	CO-APPLICANT
ESTIMATED MONTHLY INCOME (NET):	Social Security	\$	\$
	Pension or Retirement Plan	\$	\$
	Other	\$	\$
	Total Monthly Income	\$	\$

ASSETS:	IRA	\$	\$
	Real Property - Home	\$	\$
	Bonds, Stocks, Mutual Funds	\$	\$
	Annuities	\$	\$
	Savings & Checking	\$	\$
	Other	\$	\$
	Total Assets	\$	\$

LIABILITIES:	Outstanding Debts	\$	\$
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INSURANCE:	Do you have Medicare Parts A & B?		
	Which supplemental plan do you have?		
	Do you have Long Term Care Insurance? If so, please attach summary page from insurance policy		

Enclosed is a non-refundable application fee of \$200.00 and a refundable wait list fee of \$1,000. I understand that in addition to this application, I may be called for a personal interview. I understand that the management of Friends Homes reserves the right to reject this application in accordance with occupancy requirements. I understand there may be a waiting period for an apartment and that the date of entry cannot be predicted or guaranteed. I understand that if applicant(s) or resident(s) give away significant assets noted on this form, they waive all benefits of the Resident Assistance Fund should funds deplete. The Resident of the Future program is not a guarantee of residency at Friends Homes. All Future Residents are asked to complete an evaluation process at the time of being offered an accommodation. The evaluation helps to determine that you meet the current requirements for independent living; physically, mentally and financially. Friends Homes Inc. offers to perform a "financial checkup" by evaluating any Future Resident's financials upon request. Confidential information will not be shared.

Future Resident Signature / Date

Future Resident Signature / Date

