

FRIENDS HOMES, INC.

Providing retirement options since 1968

FRIENDS HOMES
— at Guilford —

FRIENDS HOMES
— West —

FORMAL APPLICATION FOR RESIDENCE

Name of Applicant _____ Date of Birth _____

Spouse's Name (if applying jointly) _____ Date of Birth _____

Address _____
(Street) (City) (State) (Zipcode)

Phone Number _____ Religious Affiliation (optional) _____

Marital Status: ___ Married ___ Divorced ___ Widowed ___ Single Email _____

Are you employed? _____ Name of Employer _____

Applicant's main occupation during adult life _____

Spouse's main occupation _____

List skills, hobbies or interests _____

Spouse's skills, hobbies or interests _____

Your present state of health _____ Physician _____

Spouse's present state of health _____ Physician _____

Do you or your spouse require any daily personal assistance? _____ If yes, please explain _____

Facility desired: Friends Homes at Guilford and/or Friends Homes West Anticipated year of entry: _____

Unit desired: _____ Studio _____ One-bedroom _____ Two-bedroom _____ Cottage

Name, address and telephone number of relative or person Friends Homes may contact regarding applicant:

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.



Give names and complete mailing addresses of three people who have been personally acquainted with you for a number of years. Please do **not** include your minister, your physician, or anyone related to you by blood or marriage.

Name	Address	Zip Code

CONFIDENTIAL FINANCIAL INFORMATION

The information provided herein will be used only by the administration of Friends Homes in making decisions regarding admission. No part of this information will be disclosed to any other party or used for any other purpose.

ESTIMATED MONTHLY RECEIPTS

Social Security Payments Actually Received.....	\$	_____
Pension or Retirement Plan.....	\$	_____
Life Insurance Annuity.....	\$	_____
Dividends from Investments.....	\$	_____
Interest.....	\$	_____
Other regular income.....	\$	_____

ASSETS AND LIABILITIES

Assets

Real property - Home.....	\$	_____
Other.....	\$	_____
Bonds and Stocks.....	\$	_____
Mutual Funds.....	\$	_____
Savings.....	\$	_____
Other assets.....	\$	_____
Long Term Insurance Estimated Daily Reimbursement.....	\$	_____

Liabilities

Outstanding debts.....	\$	_____
Other financial obligations.....	\$	_____

Enclosed is a non-refundable application fee of \$100.00. I authorize Friends Homes to make such inquiry of the persons named above as it deems necessary. I understand that in addition to this application, I may be called for a personal interview. A physical examination will be required at the time of admission. I understand that the management of Friends Homes reserves the right to reject this application in accordance with occupancy requirements. I understand that the waiting period for an apartment may be many years and that the date of entry cannot be predicted or guaranteed.

Signature

Date

Signature

Date