



Friends Homes

ESTABLISHED 1958

Formal Application For Residency

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 during adult life _____

List skills, hobbies, interests _____

Spouse's skills, hobbies, 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 _____

Community Desired: Friends Homes at Guilford and/or Friends Homes West

Anticipated date of entry: _____ Unit desired: ___ Studio ___ One-Bedroom ___ Two-Bedroom ___ Cottage

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, and the Age Discrimination Act of 1965 and the Rehabilitation Act of 1973, Section 504.



CONFIDENTIAL FINANCIAL INFORMATION

The information provided herein will be used only by the administration of Friends Homes, Inc 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

	<u>Self</u>	<u>Spouse</u>
Social Security Payments Actually Received.....	_____	_____
Pension or Retirement Plan.....	_____	_____
Dividends from Investments.....	_____	_____
Annuities Income (does this reduce principle?).....	_____	_____
Other Regular Income.....	_____	_____
Total Monthly Income.....	_____	_____

ASSETS AND LIABILITIES

Assets

Real Property - Home.....	_____	_____
Other.....	_____	_____
Bonds.....	_____	_____
Stocks.....	_____	_____
Mutual Funds.....	_____	_____
Annuities.....	_____	_____
Savings.....	_____	_____
Checking.....	_____	_____
Other Assets.....	_____	_____
Total Assets.....	_____	_____

Liabilities

Outstanding Debts.....	_____	_____
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INSURANCE

Do you have Medicare Part A & B.....	_____	_____
Do you have a supplemental plan? What is the plan?.....	_____	_____
Long Term Care Insurance Monthly Benefit.....	_____	_____

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 a medical form will need to be completed by my general practitioner 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 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 to the Resident Assistance Fund should funds deplete.

Signature Date

Signature Date