



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) (Zip Code)

Phone Number \_\_\_\_\_ Religious Affiliation(optional) \_\_\_\_\_

Marital Status: \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Single Email address \_\_\_\_\_

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 \_\_\_\_\_

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  3 Bedroom Cottage    Anticipated Date of Entry: \_\_\_\_\_

	Self	Spouse
Estimated Monthly Income (net):		
Social Security	\$ _____	_____
Pension or Retirement Plan	\$ _____	_____
Total Monthly Income	\$ _____	_____
Assets:		
Real Property – Home	\$ _____	_____
Other	\$ _____	_____
Bonds, Stocks, Mutual Funds	\$ _____	_____
Annuities	\$ _____	_____
Savings & Checking	\$ _____	_____
Total Assets	\$ _____	_____
Liabilities:		
Outstanding Debts	\$ _____	_____
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

