



# APPLICATION FOR RESIDENCE

We are pleased that you wish to join this New Horizons community for active independent-living seniors. To arrange for accommodations, it is necessary that you first complete both sides of this Application for Residence. Once completed, this form should be returned immediately with the \$300 Application Fee to the address shown below. Shortly thereafter, you should submit a physician's certification and arrange for a final interview. We look forward to hearing from you soon and to your joining this wonderful continuing care community.

## I. General

Applicant's Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Present Address (if different): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

How long at present address? \_\_\_\_\_ Own?  Rent?  Veteran? Yes  No

Current or former occupation: \_\_\_\_\_ Will you bring an automobile? \_\_\_\_\_ Plate #(s) \_\_\_\_\_

Person(s) to be contacted in case of an emergency: Color \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

## II. Current Living Accommodations

Please describe your present living accommodations: \_\_\_\_\_

If rental community, list landlord name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Landlord address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Please describe any special needs or concerns of which New Horizons' staff should be aware: \_\_\_\_\_

Do you currently rely on a relative, friend or home health aide to live with and/or assist you? Yes  No

Who? \_\_\_\_\_ Why? \_\_\_\_\_

Do you anticipate a need for either part time or 24-hour personal care/assistance? Yes  No

## III. Medical

Physician's name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

How would you describe your current state of health? \_\_\_\_\_

Unit Type:	Move in Date: / /	Bill Start Date: / /	Monthly Service Fee: \$
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**IV. Financial (married couple complete jointly)**

<b>Assets</b>	<b>Amount</b>	<b>Liabilities</b>	<b>Amount Owed</b>
Bank Account(s):	\$ _____	Home Mortgage:	\$ _____
Certificates of Deposit:	\$ _____	Other Loans:	\$ _____
Stocks & Bonds:	\$ _____	<b>TOTAL LIABILITIES:</b>	\$ _____
Real Estate:	\$ _____		
Other Major Assets:	\$ _____		
<b>TOTAL ASSETS:</b>	\$ _____	<b>TOTAL NET WORTH:</b>	\$ _____
		(Assets minus Liabilities)	

Please describe the nature of your monthly financial resources:

Employment income:	\$ _____ per month	Social Security income:	\$ _____ per month
Pension income:	\$ _____ per month	Retirement income:	\$ _____ per month
Family assistance:	\$ _____ per month	Interest income:	\$ _____ per month
Other: _____	\$ _____ per month	Rental income:	\$ _____ per month
		<b>TOTAL INCOME:</b>	\$ _____ per month

Will your resources cover costs at New Horizons for the foreseeable future?      Yes       No

**V. Additional Information**

Health Care Proxy: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Power of Attorney \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

I understand and agree that the foregoing application is not a contract or reservation for residence at The Meadows and that nothing contained herein is binding on either party until a Residence Agreement has been signed by the parties hereto. I certify that the information that I have provided in this Application for Residence is true and correct to the best of my knowledge and belief as of the date hereof. I authorize you to make any necessary inquiries for the purpose of verifying this or any other information provided. The assets set forth herein will represent the Collateral under a Security Agreement to be executed by the Applicant in connection with the Residence Agreement for The Meadows. These statements are made under the penalties of perjury.

I also understand and agree that, unlike the programs at New Horizons, The Meadows is a residential facility for active, independently-living seniors that has many services available as outlined in the Residence Agreement. Beyond the breakfast meal, the cost of which will be added to and included in the Monthly Service Fee, most other services are provided only at substantial additional cost and billed as they are incurred. I understand and agree that these services will not include routine medical, nursing, or home health care of any sort whatsoever.

I agree to provide a current certification from my personal physician that I am fully able to care for and physically support myself (or that I can do so with live-in or other help). In the latter case I agree to submit a detailed care plan and demonstrate my ability to obtain the services required. If, in the sole opinion of the Executive Director of New Horizons, after consulting with a physician, I later become unable to fully support and care for myself in a safe manner at The Meadows for any reason, I will promptly leave the Living Accommodation at The Meadows. Furthermore, if I fail to move out on a timely basis, I understand and agree that the Executive Director shall have the express authority to relocate me as is provided in the Residence Agreement.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Applicant (or Authorized Representative)

(New Horizons Use Only) Res. Coordinator:	Date:	Physician's Cert. Rec'd:	Fee Paid:	Approval Date:
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