



APPLICATION FOR RESIDENCY

Choate Marlborough

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

I. General

Applicant's Name: _____ Telephone: (_____) _____

Permanent Address: _____ Zip: _____

Present Address (if different): _____ Soc.Sec. No. _____

How long at present address? _____ Birth Date: _____ Birth Place: _____

Marital Status: _____ Veteran? Yes: ___ No: ___ Current or former occupation: _____

Person to be contacted in case of an emergency:

Name: _____ Relation: _____ Telephone: (_____) _____

Address: _____ Zip: _____

II. Living Accommodations

Please describe your present living accommodations: _____

Type of accommodations you are applying for (check one) Independent Living Assisted Living

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: _____ Telephone: (_____) _____

Address: _____ Zip: _____

How would you describe your current state of health? _____

How often do you presently see a doctor? _____

Are you on medication(s) at the present time? Yes: _____ No: _____

If so, for what condition(s)? _____

Do you require assistance to administer medication? Yes: _____ No: _____ Do you have medical insurance? Yes: _____ No: _____

Do you have difficulty with stairs? Yes: _____ No: _____ Do you smoke? Yes: _____ No: _____

Do you prepare your own meals? Yes: _____ No: _____ Are you on a special diet? Yes: _____ No: _____

Medicare No: _____ Other Insurance: _____ No: _____

IV. Level of Daily Activity

	Good	Fair	Poor		Good	Fair	Poor
Housekeeping	_____	_____	_____	Shopping	_____	_____	_____
Transportation	_____	_____	_____	Laundry	_____	_____	_____
Taking medication	_____	_____	_____	Fire awareness	_____	_____	_____
Walking	_____	_____	_____	Budgeting	_____	_____	_____
Personal strengths and interests: _____							

V. Financial (married couple complete jointly)

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

Please describe the nature of your financial resources:

Employment income:	\$ _____ per month	Social Security income:	\$ _____ per month
Pension income:	\$ _____ per month	Interest income:	\$ _____ per month
Family assistance:	\$ _____ per month	Rental income:	\$ _____ per month
Other: _____	\$ _____ per month	TOTAL:	\$ _____ per month

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

Who will be responsible for payment of your bills? Self Other

Name and address of other responsible party/guarantor (required of all residents):

Name: _____ Soc. Sec. #: _____
 Address: _____ Telephone: _____
 email 1: _____
 email 2: _____

VI. Additional Information

Power of Attorney _____

Address: _____ Telephone: (_____) _____

I understand and agree that the foregoing application is not a contract or reservation for residence at New Horizons 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 which 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. I further agree to promptly notify the Executive Director in the event of any material financial change hereto. 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 New Horizons. These statements are made under the penalties of perjury.

Date: _____ Signed: _____

Applicant (or Authorized Representative)

(New Horizons Use Only)			
Interviewer:	Date:	Physician's Statement Rec'd:	Approval Date: