

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number (SSN)**? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

**APPLICATION FOR RESIDENCY
PARK HOUSE**

Name _____ **Telephone** _____

Street _____

Town/City _____ **State** _____ **ZIP** _____ **Birthdate** _____ **Age** _____

Marital Status: __Single __Married __Widowed __Divorced

If married, name of (Husband) (Wife) _____

How many living children do you have? _____

How many grandchildren do you have? _____

Nearest Living relatives: (use other side of application as needed)

Name	Relationship	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you designated a Power of Attorney? _____

If yes, who is that? _____

If you are from outside the White River Valley area, do you have friends or acquaintances in this area? _____

If yes, who are they? _____

Organizations of which you are currently a member:

Occupations - Present and Past

Education - Schools Attended

Special Interests - What activities are important to you? Explain below:

- | | |
|----------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Listening to Music | <input type="checkbox"/> Playing a Musical Instrument |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Sports Activities |
| <input type="checkbox"/> Watching Television | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Organization Memberships |
| <input type="checkbox"/> Social Activities | <input type="checkbox"/> Church/Religious Activities |
| <input type="checkbox"/> Playing Cards/Games | <input type="checkbox"/> Other: _____ |

Explanation (s) _____

What is your daily routine? _____

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, provide details of the crime: when, where, place: _____

Have you experienced any problem in the past in your ability to pay rent or your ability to respect the rights and property of others? _____ Yes _____ No

If yes, provide details: _____

Landlord References: List three (3) landlords

Name	Address	Telephone	Dates Lived There	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Personal References: List three (3)

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In Case of Emergency, contact:

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Statement of Income:

Monthly Social Security \$ _____

Retirement Income __ Yes __ No \$ _____ Monthly \$ _____ Annual

Interest Income __ Yes __ No \$ _____ Monthly \$ _____ Annual

If accepted, I wish to move in on _____, or when a room becomes available.

Date _____

Signature _____

HEALTH AND MEDICAL INFORMATION
(To Be Completed With Your Physician)
(Form Must Accompany PARK HOUSE Application)

Name _____ Date _____

Date of Birth _____ Physician's Name _____

When applying for residency at PARK HOUSE, it must be understood that Park House does not offer Medical **OR** Nursing Care. Residents are free to go out of Park House and return at their own discretion.

Park House does not administer or take possession of residents' medications. However, it is required that the attached Valley Rescue Squad "Vial of Life" emergency form be completed in detail.

Medical Tests completed during the past 12 months:

Test	Date	Doctor	Comments
Physical	_____	_____	_____
Eye Exam	_____	_____	_____
Hearing Test	_____	_____	_____
Dental Exam	_____	_____	_____
Other	_____	_____	_____
	_____	_____	_____

Hospitalizations during the last 5 years:

Date	Doctor	Hospital	Reason
_____	_____	_____	_____
_____	_____	_____	_____

BP _____ Date _____ Weight _____ Date _____

Comments: _____

Use of ALCOHOL _____

Does Applicant SMOKE? _____ If Yes, how much? _____

For Health and Safety: **Smoking is not permitted in the Park House building**

EXERCISE Does applicant exercise? _____ Yes _____ No

What type? _____

How often? _____

***DIET Is applicant on a special diet? _____ Yes _____ No

If yes, prescribed by Dr. _____

Type and description of _____

***Park House will not be responsible for residents who do not or will not follow, of their own free will, their prescribed diet. Meals are prepared to suit the tastes and health of the household as a whole.

Indicate if you have any of the following problems:

_____ Heart Disease	_____ Memory Loss	_____ Mental Illness
_____ High Blood Pressure	_____ Parkinson's Disease	_____ Incontinence
_____ Diabetes	_____ Multiple Sclerosis	_____ Alzheimer's
_____ Seizures	_____ Stroke	_____ Alcoholism
_____ Arthritis	_____ Cancer	_____ Dizziness
_____ Indigestion	_____ Hearing Impairment	_____ Blackouts
_____ Visual Impairment	_____ Physical Impairment	
_____ Kidney Malfunction		
_____ Getting Up Frequently during the Night		
_____ Other _____		

Does applicant experience any of the following symptoms or concerns?

_____ Feeling tired quickly	_____ Family Problems	_____ Crying Spells
_____ Trouble concentrating	_____ Frequent Sadness	_____ Nervousness
_____ Excessive Worry	_____ Numerous Fears	_____ Feeling of worthlessness
_____ Concern about Marriage	_____ Financial Problems	_____ Increased Tension
_____ Frequent Lonely Spells	_____ Occasionally wishing you were dead	

Physician:

I understand my patient is considering residence at Park House. I have reviewed, with my patient, the medical form and feel that he/she is of sound mind and sound body and, therefore, would be a candidate for Park House.

Signature _____ Date _____

Address _____

Telephone _____

Applicant for Residency:

Concerning my application for residency at PARK HOUSE, I give Park House permission to contact my physician and give my physician permission to release information as needed.

Name _____

Address _____

The Valley Rescue Squad's "Vial of Life" emergency form must be completed in detail with any relevant attachments and submitted with all applications for residency. This form must be updated semi-annually and whenever the information changes.

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns): To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A