

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:

www.HousingWorks.net



DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX _____
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|--|---|---|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> Personal Care Attendant |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- _____ ← # Adults _____ ← # Children _____ ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other _____



SUSAN BAILIS

ASSISTED LIVING COMMUNITY

Thank you for your expression of interest in residency at Susan Bailis Assisted Living.

Please complete and return this confidential application with a \$50 administrative health and wellness assessment service fee. This fee is fully refundable if the application is withdrawn from consideration by you or Susan Bailis Assisted Living.

The fee is not a deposit of any kind and is not applied toward residency charges. Thank you.

General Information

Applicant Name _____ Social Security # _____

Address _____

_____ How long at this address? _____ years

Telephone where applicant can be reached _____

Birth Date _____ Birth Place _____ Gender ☐ Male ☐ Female

Current or former occupation or profession _____

Contact information on the person assisting you as you consider Susan Bailis Assisted Living (if applicable):

Name _____ Relationship _____

Address _____ Town/City _____

State _____ Zip _____ Phone _____

How did you hear about S. Bailis Assisted Living? _____

What is your anticipated move-in date? _____

What is your preferred apartment? ☐ Studio ☐ One bedroom apartment

Current Living Situation

Do you rent or own your home? ☐ Rent ☐ Own Is home listed in applicant's name? ☐ Yes ☐ No

What type of housing do you live in? ☐ Apartment ☐ Single Family ☐ Multi-Family ☐ Condo

☐ Other (please describe) _____

Current monthly rental rate _____

Name of Landlord/Owner/Manager _____ Telephone _____

Previous address: _____

Are you considering other housing alternatives? ☐ Yes ☐ No

If so, which ones? _____

Do you own an automobile? ☐ Yes ☐ No

Do you drive yourself regularly? ☐ Yes ☐ No Do you intend to maintain a car? ☐ Yes ☐ No

Daily Living

Are there any problems or concerns you would like our staff to be aware of, or any special support you might need to live in our community? _____

Do you require someone (friend, relative or other person) to live with you at the present time?

If so, who? _____ Reason for this need? _____

If not, do you require someone to assist you during the day? ____ Yes ____ No

If yes, what type of assistance do you receive? _____

Please use an "X" to indicate your desire for assistance in the following areas:

Task	No Assistance Needed	Minimal Assistance Needed	Full Assistance Required
Housekeeping			
Laundry			
Bathing			
Budgeting			
Shopping			
Transportation			
Dressing			
Medication Reminders			
Escort / Mobility			
Night Care			
Shaving / Grooming			

Health Care Information

Physician's Name _____

Address _____ Telephone Number _____

Hospital Affiliation _____

How would you describe your present state of health? ____ Excellent ____ Good ____ Fair

How often do you see your doctor? _____ When was your last visit? _____

Do you use any assistance such as a cane, walker or wheelchair? ____ Yes ____ No Type _____

Are you on a special or restricted diet? ____ Yes ____ No Please Describe _____

Do you smoke? ____ Yes ____ No

Medication and Insurance Information

Are you on any medications at the present time? ____ Yes ____ No

If yes, please list the medication(s) and condition(s) being treated:

Medication _____	Condition _____
_____	_____
_____	_____
_____	_____

Please list all of your medical insurance coverage, including Medicaid, supplemental and long-term care insurance:

Financial Information

Please provide the following financial information (this information will be kept confidential):

Employment Income	\$ _____ per month
Social Security Income	\$ _____ per month
Employer Pension	\$ _____ per month
Interest & Dividend Income	\$ _____ per month
Annuity Income	\$ _____ per month
Life Insurance Benefits	\$ _____ per month
Support from Family	\$ _____ per month
Rental Income	\$ _____ per month
Other:	\$ _____ per month
Total Monthly Income	\$ _____ per month

What are your assets/savings? _____

What is the approximate value of your home? _____

Is there any additional information we should be aware of when reviewing your financial resources?

I understand and agree that this application is neither a contract, nor a reservation for residency. Nothing contained in this document is legally binding on me or Susan Bailis Assisted Living unless and until a Residency Agreement has been signed by all parties involved.

Signature of Applicant

Date of Application

Completion of this section is voluntary:

In order to help us carry out our responsibilities under applicable Fair Housing Laws, we ask that you identify yourself by one of the following designations:

(Please circle one) Caucasian Black / African American American Indian / Alaskan Native



SUSAN BAILIS

ASSISTED LIVING COMMUNITY

352 Massachusetts Avenue • Boston, Massachusetts 02115

Tel 617-247-1010 • Fax 617-247-9595

www.seniorlivingresidences.com

