

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:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561



Head of Household's FIRST NAME

Head of Household's MIDDLE NAME

Head of Household's LAST NAME

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

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

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!

REQUESTED ACCOMMODATIONS ○ = ● Do you need a:

☐ Fully Accessible Wheelchair Unit☐ Blind Accessible Unit☐ Need an Interpreter☐ No-Steps unit (elevator to any floor)☐ Deaf Accessible Unit☐ Domestic Violence Victim☐ First-Floor unit only☐ unit designed for Environmental Allergies

HoH's CAREER STAGE

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

MOBILE RENTAL ASSISTANCE

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

Head of Household -Any Felony/Conviction?

☐ Yes ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ NoOther Members: Any Felony Convictions?☐ Yes ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ NoIs anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?☐

←# Adults

←# Children

←Total #

☐

.00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*☐ Disability☐ Elder☐ Veteran☐ Fleeing Domestic Violence☐ Displaced by: _____☐ Rent-burdened☐ Other

CONCORD PARK



DISTINCTIVE INDEPENDENT & ASSISTED LIVING
SPECIAL CARE PROGRAM FOR MEMORY LOSS & ALZHEIMER'S

RESIDENCY APPLICATION

Thank you for your expression of interest in residency at Concord Park Assisted Living.

Please complete and return this application with a \$500 administrative health and wellness assessment fee.

This fee is fully refundable if the application is withdrawn from consideration by you or Concord Park.

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

General Information

Applicant Name _____ Social Security # _____

Address _____ Town/City _____

State _____ Zip _____ 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 Concord Park (if applicable) :

Name _____ Relationship _____

Address _____ Town/City _____

State _____ Zip _____ Phone _____

How did you hear about Concord Park? _____

What is your anticipated move-in date? _____

What is your preferred apartment: (circle one) Studio Companion Suite One Bedroom

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 _____

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 which our staff ought 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			
Medications 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

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 to myself or Concord Park 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 Asian Native American Hispanic Other

CONCORD PARK ASSISTED LIVING



68 Commonwealth Avenue ♦ Concord, MA 01742
Tel 978-369-4728 ♦ Fax 978-369-5381
www.voamass.org

A Nonprofit Community Sponsored by



Volunteers of America®
Massachusetts

Managed by Senior Living Residences, LLC

