

Name: First MI Last:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Applicant: Mail application to the address at left.

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

For Landlords Only!
support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- _____
- _____
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: _____
- Name of Waitlist Administrator *optional* _____
- Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Date Time Received. Application will be stamped to show when it was received:

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 mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: 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 check this box if backup address is the same as best mailing address below.

AddressLine 1 Apt # or "care of" name
City State Zip

- ☐ BEST MAILING ADDRESS

Address Line 1 Apt # or "care of" name
City State Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a priority status)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____



Thank you for your interest in the Visiting Nurse Assisted Living and Senior Living Communities. Our beautiful residences provide a wonderful solution for those in need of some assistance. Our spacious one-bedroom apartments are furnished and decorated by our residents with their own treasured belongings and we offer a wide array of supportive services and amenities to promote dignity and independence.

Our number one goal is to provide a caring, nurturing residential community for those in need of an extra helping hand, whether it is for a permanent home or short-term for Respite, or after a hospital, skilled nursing or rehab stay.

Apartment Features

- Kitchenette
- Large Bathroom
 - ~ with handicapped assistive features
 - ~ walk-in shower with safety grab bars
- Wall-to-wall carpeting
- Individual air-conditioning/heating system
- Fire/smoke detectors, sprinkler system throughout
- Closets
- Emergency Response System

Common Areas

- Full service dining room
- Beautiful country kitchen
- Patio areas and covered porch
- Library & Activity Room
- Lovely gardens with ponds

Services / Amenities

- Assistance with personal care
 - ~ such as bathing, dressing and grooming
- Assistance with housekeeping & laundry services
- Round-the-clock staffing and security cameras
- Assistance with medication monitoring
- Social & recreational activities
 - ~ including cards, arts & crafts, music & more
- Wellness & Fitness programs
- On-site Home Visiting Nurses, Physicians and Physical Therapists

Stores / Conveniences

- Hair Salon
- General Store
- Private mailboxes
- On-site parking
- Private dining for special occasions
- Multi-denominational religious/spiritual services
- Home delivered medications/supplies

An application for residency is enclosed for your convenience. If you would like to apply, please complete the Pre-application and Prospective Residential Financial Information and return them to our management offices at the VNA, 259 Lowell Street, Somerville, MA 02144. If you have any questions, please call (617) 776-9800, and someone will be more than willing to assist you.

We look forward to hearing from you.



PRE-APPLICATION FOR RESIDENCY

Thank you for your interest in residency at the VNA Assisted and Senior Living Communities. Please complete and return this application to 259 Lowell Street, Somerville, MA 02144. All information will be kept confidential. Upon receipt of your completed application, a member of our staff will contact you.

General Information — Please print or type

Name _____ Social Security # _____

Address _____

City/State/Zip _____ Phone _____

Birthday _____ Place of Birth _____ Gender: _____

Primary Language _____ Secondary Language _____

Marital Status: Married _____ Single _____ Widow/er _____ Divorced _____ Separated _____

Current or former occupation _____

Is there anyone helping you with your application? If so, may we contact them? Yes _____ No _____

Name _____ Relationship _____

Address _____ Phone _____

Current Living Situation

Do you own your home or rent? Own _____ Rent _____ How many years? _____

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

Where did you live prior to this? _____

What is your approximate monthly income? \$ _____

Do you own a car? _____ Do you intend to maintain it? _____ Do you drive yourself regularly? _____

Who helps you at home? _____

How do they help you? _____

Do you have any services to assist you at home? If so, please list service agencies and the types of assistance they provide _____

What is the reason you are considering supportive housing? _____

Are you currently in a Skilled Nursing Facility/Rehab? Yes _____ No _____

Name of Facility: _____ Location: _____

Daily Living — Please print or type

How do you enjoy spending your time? What hobbies do you have? _____

Please use an "X" to describe yourself in the following areas:

TASK	Some Assistance	Full Assistance	Comments
Preparing Meals	_____	_____	_____
Eating	_____	_____	_____
Housekeeping	_____	_____	_____
Laundry	_____	_____	_____
Bathing	_____	_____	_____
Finances	_____	_____	_____
Shopping	_____	_____	_____
Transportation	_____	_____	_____
Dressing	_____	_____	_____
Walking	_____	_____	_____

What other assistance do you feel you need? _____

What special equipment or devices do you require? _____

Medical and Insurance Information

Physician's Name _____ Phone #(_____) _____

Address _____ City _____ State _____ Zip _____

What medical/health problems do you have? _____

What medications are you taking at the present time? _____

Do you require assistance/reminders to administer your medication(s)? Yes___ No___

Do you require assistance with a special diet or eating? Yes___ No___ (describe) _____

Do you smoke? Yes___ No___

Please list all your medical insurances, including supplemental and long term care _____

I understand and agree that this application is neither a contract nor a reservation for residence. Nothing contained in this document obligates or entitles me to an apartment at the VNA Assisted or Senior Living Communities until a Resident 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 only one)



The VNA Assisted & Senior Living Residences are committed to the principals of equal opportunity. The residences do not discriminate against individuals on the basis of race, color, gender, sexual orientation, religion, age, ancestry, national or ethnic origin, disability or veteran status in its application process.





PROSPECTIVE RESIDENTIAL FINANCIAL INFORMATION

Please complete this form and return it with your application. All information will be kept confidential.

Name _____ Date _____

Income

Social Security: gross monthly \$ _____

Pension: \$ _____ Company _____

Address: _____

Annuity: \$ _____ Company _____

Address: _____

Trust Account: \$ _____ Company _____

Address: _____

Approximate Total Value: \$ _____

Real Estate

(within last 5 years, in applicant's name, joint ownership, or trust)

Location: \$ _____ City _____ State _____

Mortgage: \$ _____ Rental Income: \$ _____

Location: \$ _____ City _____ State _____

Mortgage: \$ _____ Rental Income: \$ _____

Approximate Total Value: \$ _____

Bank Accounts

(within last 5 years, in applicant's name, joint ownership, or trust)

Bank: _____ Type of Account: _____ Acct #: _____

Address: _____ Current Balance: \$ _____

Bank: _____ Type of Account: _____ Acct #: _____

Address: _____ Current Balance: \$ _____

Bank: _____ Type of Account: _____ Acct #: _____

Address: _____ Current Balance: \$ _____

Assets

(within last 5 years, in applicant's name, joint ownership, or trust)

Annual Income

Cert. Of Deposit – Bank: _____ Account # _____

Address: _____

Cert. Of Deposit – Bank: _____ Account # _____

Address: _____

Cert. Of Deposit – Bank: _____ Account # _____

Address: _____

Stocks – Brokerage Firm: _____ Account # _____

Address: _____

Bonds – Company: _____ Account # _____

Address: _____

Cash on Hand: _____

Life Insurance Policies

(within last 5 years, in applicant's name, joint ownership, or trust)

Company: _____ Address: _____

Policy # _____ Approx. Value: \$ _____

Company: _____ Address: _____

Policy # _____ Approx. Value: \$ _____

Funeral Trust: _____ Address: _____

Policy # _____ Approx. Value: \$ _____

Long Term Care Insurance

Any long term care policies that cover Assisted Living or Supportive Services? Yes___ No___

If yes, list company and policy #: _____

Amount Paid for Services: \$ _____

Any other sources of income: **(Please describe)** _____

Any debts, mortgages or other financial obligations that would affect the income assets: _____

The financial information in this statement is true & is submitted in consideration for residency at the Visiting Nurse Assisted Living Community or the VNA Senior Living Community.

Signature

Date