



APPLICATION FOR RESIDENCE

We are pleased that you wish to join this New Horizons community for active independent-living seniors. To arrange for accommodations, it is necessary that you first complete both sides of this Application for Residence. Once completed, this form should be returned to the address shown below. Shortly thereafter, you should submit a physician's certification and arrange a final interview. We look forward to hearing from you soon and to your joining this wonderful continuing care community.

I. General

Applicant's Name: _____ Soc. Sec. No. _____

Birth Date: _____ Birth Place: _____ Marital Status: _____

Co-Applicant's Name: _____ Soc. Sec. No. _____

Birth Date: _____ Birth Place: _____ Marital Status: _____

Permanent Address: _____ Phone: (____) _____

Present Address (if different): _____ Phone: (____) _____

How long at present address? _____ Own? Rent? Veteran? Yes No

Current or former occupation: _____ Will you bring an automobile? _____ Plate #(s) _____

Person(s) to be contacted in case of an emergency: Color _____ Make _____ Model _____

Name: _____ Relation: _____ Phone: (____) _____

Address: _____

Name: _____ Relation: _____ Phone: (____) _____

Address: _____

II. Current Living Accommodations

Please describe your present living accommodations: _____

If rental community, list landlord name: _____ Contact Person: _____

Landlord address: _____ Phone: (____) _____

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: _____ Phone: (____) _____

Address: _____ Zip: _____

How would you describe your current state of health? _____

Unit Type:	Move in Date: / /	Bill Start Date: / /	Monthly Service Fee: \$
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IV. 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:	\$ _____		
Other Major Assets:	\$ _____		
TOTAL ASSETS:	\$ _____	TOTAL NET WORTH:	\$ _____
		(Assets minus Liabilities)	

Please describe the nature of your monthly financial resources:

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

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

V. Additional Information

Health Care Proxy: _____

Address: _____ Telephone: (_____) _____

Power of Attorney _____

Address: _____ Telephone: (_____) _____

I understand and agree that the foregoing application is not a contract or reservation for residence at The Meadows 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 that 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. 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 The Meadows. These statements are made under the penalties of perjury.

I also understand and agree that, unlike the programs at New Horizons, The Meadows is a residential facility for active, independently-living seniors that has many services available as outlined in the Residence Agreement. Beyond the breakfast meal, the cost of which will be added to and included in the Monthly Service Fee, most other services are provided only at substantial additional cost and billed as they are incurred. I understand and agree that these services may not include routine medical, nursing, or home health care of any sort whatsoever.

I agree to provide a current certification from my personal physician that I am fully able to care for and physically support myself (or that I can do so with live-in or other help). In the latter case I agree to submit a detailed care plan and demonstrate my ability to obtain the services required. If, in the sole opinion of the Executive Director of New Horizons, after consulting with a physician, I later become unable to fully support and care for myself in a safe manner at The Meadows for any reason, I will promptly leave the Living Accommodation at The Meadows. Furthermore, if I fail to move out on a timely basis, I understand and agree that New Horizons Executive Director shall have the express authority to relocate me as is provided in the Residence Agreement.

Date: _____

Signed: _____

Applicant (or Authorized Representative)

(New Horizons Use Only) Res. Coordinator:	Date:	Physician's Cert. Rec'd:	Fee Paid:	Approval Date:
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