



# John H. Whitaker Place

ASSISTED CARE COMMUNITY

## Application for Residency

### Residential Information

Type of apartment desired:

- Studio  One Bedroom  
 Two Bedroom

Do you think you need a handicap accessible apartment?  Yes  No

John H. Whitaker Place offers a number of personal care services as part of our assisted care program. Please indicate the areas where we may be able to assist you:

	Independent	Would appreciate some assistance
Bathing	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>
Grooming	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>

How do you enjoy spending your leisure time?

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### General Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

How long at this address: \_\_\_\_\_ years  Rent  Own

Do you have a car?  Yes  No

Social Security Number: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced

Current or former occupation: \_\_\_\_\_

\_\_\_\_\_

Will an additional household member be occupying your apartment?

Yes  No If Yes, please provide:

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to you: \_\_\_\_\_

How did you hear about John H. Whitaker Place? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Please complete side 2)*

If you have leased housing in the past three years, please provide the following information for each location:

Landlord's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address of Rental Property: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Residence: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you or anyone in your household currently a full-time student, or planning to be a full-time student within the next 12 months?

Yes  No If Yes, who? \_\_\_\_\_

Have you or the co-applicant (if applicable) ever been convicted of a felony?  Yes  No  
(Criminal background checks are required.)

## Emergency Information

Person to contact in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

I/We understand and agree that a \$500 deposit is required to reserve the unit of choice and will be applied to the first month's rent. Also, I/we understand that the deposit is fully refundable if I/we withdraw the application from consideration up until 30 days before the occupancy date. The information provided here is true and complete to the best of my knowledge. I/We understand that providing false information may be grounds for denial of my application. I/We authorize the management of John H. Whitaker Place to investigate and verify all information provided and understand that all information provided will remain confidential.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this completed application, financial form, and your \$500 deposit to:

John H. Whitaker Place • 30 Borough Road • Penacook, NH 03303

*John H. Whitaker Place*  
30 Borough Road  
Penacook, NH 03303

Tel: 603.753.9100 • Fax: 603.753.8459 • E-mail: [info@whitakerplace.org](mailto:info@whitakerplace.org) • [www.whitakerplace.org](http://www.whitakerplace.org)

