

Application

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?

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: _____

(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

How did you hear about John H. Whitaker Place? _____