

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? _____

Financial Form

We are required to certify the income and assets and conduct a credit history review of *each* prospective resident. To meet this requirement, please provide the following information.

Income

Social Security:

\$ _____ per month

Pension:

\$ _____ per month

Interest and/or Dividend Income:

\$ _____ per month

Other Income:

\$ _____ per month

Source(s) _____

All personal and financial information will remain confidential.

Name(s): _____

Assets

In the past two years, have you or any member of your household disposed of (or given away) asset(s) for less than fair market value?

Yes No

If yes, please explain: _____

Real Estate Owned Fair Market Value \$ _____

Address: _____

Savings: \$ _____

Checking: \$ _____

Stocks and Bonds: \$ _____

Life Insurance: \$ _____

Other Assets: (please list)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Signature

I certify that the above information is true to the best of my knowledge, and I authorize, as part of the application process, the verification of all information provided. This includes a review of my credit history.

Signature of Prospective Resident

Date (MM/DD/YY)

