

Mason Wright
Senior Living Community

Application for Residency

Application Process:

The completion of this application is necessary to begin the process for residency at Mason Wright Senior Living. We realize that many of the questions are of a personal nature, and therefore, we regard your answers as privileged communication and will treat them in a confidential manner. There are additional forms that will need to be completed for you to be considered for residency at Mason Wright Senior Living, which include:

- Income Verification Form, to be completed by your bank
- Pre-Admission Physician Medical Form, to be completed by your physician
- Documentation of all income (i.e. Social Security; SSI award letter stating monthly amount; Pension letter including monthly payment amount)
- Documentation of any assets
- Cash Value of Whole Life Insurance Policies
- Any additional Income or Asset information

After completing the application, please return it to the Executive Director, Eileen Drumm Moore, so that we can keep the process moving along. If you meet the income and asset requirements to rent an apartment at Mason Wright Senior Living, an assessment will be scheduled with the Resident Care Director.

Thank you for your interest in Mason Wright Senior Living, and we look forward to having you join our community! If you have any questions regarding the application, please contact Eileen Drumm Moore at 413-733-1517.

Application for Housing

Low-Income Housing Tax Credit Property

Today's Date: _____

This is an application for: _____ Assisted Living (AL)
 _____ Memory Care
 _____ Independent Living (IL)

Please complete this application and return it to:

Eileen Drumm Moore, Executive Director

74 Walnut St.

Springfield, MA 01105

Phone: 413-733-1517

Fax: 413-747-8357

PART 1 (General & Financial Information)

General Information

Applicant Name(s): _____

Phone Number: (Home) _____ (Mobile) _____

Address: _____

Street	Apt #	City	State	Zip
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Email: _____

How long have you resided at this address? _____

Have you ever been convicted of a felony? _____

Do you (Please Circle One): Own Rent

Birthdate: _____ Age: _____ Social Security: _____

Birth Place: _____

Primary Language: _____

Gender (Please Circle One) Male Female

Do you require someone to visit you during the day? (Please Circle One) Yes No
 If you circled yes, please explain the reason for visit: _____

Do you own an automobile? (Please Circle One): Yes No
 If you circled yes, please answer the following questions:

Make:	Model:	Year:	Color:

Do you drive regularly? (Please Circle One) Yes No

Do you intend to maintain your vehicle? (Please Circle One) Yes No

Have you designated someone with Financial Power of Attorney to manage your affairs? (Please Circle One): Yes No

If you circled yes, please describe the type of POA (i.e. financial, durable, medical, guardian, etc.):

Name: _____

Type of POA: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Income

Source of income (fill in the appropriate monthly amount)

Source of Income	Monthly Amount (\$ amount)
Social Security	
SSI	
Pension (please explain below)	
Veteran's Benefits (please explain below)	

Employment	
Unemployment	
Alimony	
Child Support	
Other Income	
Total Gross Income	

Source of Pension:

Name: _____

Address: _____

Veteran's Affairs Address: _____

Source of Other Income:

Name: _____

Address: _____

Current/Former Occupation: _____

If currently employed, please fill out the following:

Employer: _____

Position Held: _____

How Long Employed: _____

Do you anticipate any changes in this income in the next 12 months?

(Please Circle One)

Yes

No

If you circled yes, please explain: _____

Assets

Checking Account	Account Number: _____
	Bank: _____
	Average 6 month balance: \$ _____
Savings Account	Account Number: _____
	Bank: _____
	Current Balance: \$ _____
Trust Account	Account Number: _____
	Bank: _____
	Current Balance: \$ _____
Certificate of Deposit	Account Number: _____
	Bank: _____
	Current Balance \$ _____
Money Market	Account Number: _____
	Bank: _____
	Current Balance: \$ _____
Savings Account	Account Number: _____
	Bank: _____
	Current Balance: \$ _____
Whole Life Insurance	Policy Number: _____
	Cash Value: \$ _____
Mutual Fund	Policy Number: _____
	Number Shares: _____
	Interest/Dividend: \$ _____

	Value: \$ _____
Stocks	Name: _____
	Number Shares: _____
	Dividend Paid: \$ _____
Bonds	Name: _____
	Number Shares: _____
	Interest/Dividend: \$ _____
	Value: \$ _____

Investment Property Address: _____

Appraised Value: \$ _____

Other Property Address: _____

Appraised Value: \$ _____

Have you sold/disposed of any property in the last 2 years?

(Please Circle One) Yes No

If you circled yes, please describe the type of property: _____

Market Value when Sold/Disposed: \$ _____

Actual Amount Sold/Disposed: \$ _____

Date of Transaction: _____

Have you sold/disposed of any other assets in the last 2 years?

(Please Circle One) Yes No

(Example: Given away money to relatives, setup Irrevocable Trust Account, etc)

If you circled yes, please describe the type of asset: _____

Date of Transaction: _____
Amount Disposed: \$ _____

Do you have any other assets not listed above, excluding personal property?
(Please Circle One) Yes No

If you circled yes, please list: _____

I/We, _____, hereby certify that this will be my permanent residence. I understand that I must pay last month's rent for this apartment prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I certify that all information in this application is true to the best of my knowledge, and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I authorize Mason Wright Senior Living to conduct a review of my financial status and obtain information necessary to verify my ability to pay for my residency. I further agree to cooperate with Mason Wright Senior Living by providing all required information and/or documentation needed to determine my eligibility for housing.

Applicant's Signature _____ Date: _____

Co-Applicant's Signature _____ Date: _____

If this application for residency is being completed by someone other than the applicant, please print and sign name and state relationship to the applicant.

Name: _____

Signature: _____ Date: _____

Relationship to Applicant: _____

We consider all applicants without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran, or any other similarly protected status. We also comply with all applicable laws and do not discriminate on the basis of any unlawful criteria.

Completion of this section is voluntary. In an effort to comply with requirements under applicable Fair Housing Laws, we ask that you identify yourself by one of the following (Please Circle One):

White American Indian or Alaskan Asian Black or African
American Hawaiian/Pacific Islander Hispanic or Latino
Two or More Races Other

If you circled other, please explain: _____

Thank you.

PLEASE PROCEED TO PART 2 of APPLICATION

(Medical Information)

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Proceed to PART 2

Do you enjoy walking? (Please Circle One) Yes No

Please describe how much walking you do: _____

Do you have difficulty with stairs? (Please Circle One) Yes No

Assistive Device(s) Used (Please Circle One): Cane Walker

 Wheelchair Other

If you circled other, please describe: _____

Do you own a pet? (Please Circle One) Yes No

If you circled yes, please explain: _____

Please list all medical insurance coverages, including supplemental and long-term care:

Insurance	Policy Number

Do you have diabetes? (Please Circle One): Yes No

If you circled yes, can you manage injections and testing by yourself? Yes No

