



Residency Application

Your information will not be disclosed without your consent.

SECTION 1: APPLICANT INFORMATION

Name		
Social Security Number	D.O.B (mm/dd/yyyy)	Gender
Current Address		Years at Address
City/ Town	State	Zip Code
Mailing Address (If different then current address)		Years at Address
City/Town	State	Zip Code
Phone#		Email Address

SECTION 2: CO-APPLICANT INFORMATION

Name		
Social Security Number	D.O.B (mm/dd/yyyy)	Gender
Phone#		Email
Prior Address (if at present location less than 2 years)		Years at Address
City/Town	State	Zip Code

SECTION 3: CONTACT INFORMATION *The Applicant (listed in SECTION 1 & 2) gives Franklin Court Assisted Living authorization to contact the person(s) listed in this SECTION 3 for all matters related to their application.*

Name		
Current Mailing Address		Relationship to Applicant
City/Town	State	Zip Code
Phone#	Work#	Email

SECTION 5: EMPLOYMENT INFORMATION

Name of Employer	Type of Business	Self Employed YES NO
Address of Employer		Business phone number
Position/Title	No. of years at job	Years in this line of work
Name of Previous Employer (if present is less than 2 yrs)	Type of Business	Self Employed YES NO
Address of Employer		Business phone number
Position/Title	No. of years at job	Years in this line of work

SECTION 6: ASSET INFORMATION

Assets	Cash Value	Income from Assets	Bank Name	Account Number
Checking Account	\$	\$		
	\$	\$		
Savings Account	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
Stocks/ Bonds/CDs	\$	\$		
	\$	\$		
Retirement & Pension	\$	\$		
	\$	\$		
Mortgages	\$	\$		
	\$	\$		
Trust Account	\$	\$		
Life Insurance Cash Value	\$	\$		
Mutual Funds	\$	\$		
Investment Property	\$	\$		
IRA/401K	\$	\$		
Other Assets	\$	\$		

1. Do you currently live with anyone? YES NO
2. Do you require special living accommodations? YES NO

Additional information:

SECTION 7: CURRENT LIVING SITUATION

1. Do you (the applicant) own or rent your home? Own Rent Other
2. If you own, is the house listed in your name? Yes No N/A
3. What type of home do you live in? Apartment Single Family Condo
Multi-family Other _____
4. Current monthly rental rate? _____/Month
5. Name of Landlord/Owner: _____ Telephone #: (____) ____ - _____

SECTION 8: CRIMINAL HISTORY

Do you have drug-related or criminal history? (Background checks are conducted) YES NO
If so, please explain:

SECTION 9: AUTOMOBILE INFORMATION

1. Do you own an automobile? YES NO

If yes, please provide the: YEAR: _____ MAKE: _____ MODEL: _____

2. Do you drive regularly? YES NO
3. Do you intend to maintain a car? YES NO

SECTION 10: SPECIAL REQUIREMENTS

1. Are there any problems or concerns which our staff should be made aware of?

If so, please explain: _____

2. Are you in need of any special support in order to live in our community?

If so, please explain: _____

3. Do you require someone (friend/relative/other) to live with you at the present time?

If so, please explain: _____

4. Do you require someone (friend/relative/other) to visit you during the day?

If so, please explain: _____

SECTION 11: OTHER ALTERNATIVES

Are you considering any other housing alternatives? YES NO

If so, which one(s)? _____

SIGNATURE OF APPLICANT or POA

DATE

INSURANCE INFORMATION

Please list your medical insurance provider including primary, secondary and pharmacy coverage in the space Provided below:

Primary Insurance: _____

Secondary Insurance: _____

Pharmacy Coverage: _____

Long Term Care Insurance _____

DAILY LIVING ASSESSMENT CHART

In the box below, please use an "X" to indicate your level of ability in the following areas:

Daily Task	No Assistance	Some Assistance	Assistance Required
Bathing			
Dressing			
Medications			
Injections/Insulin			
Walking with Device			
Fire Safety/Evacuation			
Meal Preparation			
Laundry			
Housekeeping			
Budgeting			

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the release of any necessary medical information required to Franklin Court Assisted Living at 180 Franklin Street Bristol, RI 02809.

The medical information obtained will be used to determine eligibility and will be kept confidential and not released outside of this scope.

Applicant Signature

Social Security Number

Date



CERTIFICATION/CONSENT

I consent to release the necessary information to determine my eligibility to the Contact person(s) listed in *Section 3* of this application

I consent to release the necessary information to determine my eligibility.

I authorize my consent to have management verify the information contained in this application, including medical, for purposes of proving my eligibility for occupancy.

I certify that all the provided answers and information are true and complete to the best of my knowledge.

I understand that providing false information or making false statements may be grounds for denial of my application.

I understand that such action may result in criminal penalties.

I understand that my occupancy is contingent on complying with management’s resident selection criteria and the Housing Credit Program requirements.

All adult applicants, 18 or older, must sign application.

Applicant/Tenant

Date

Co-Applicant/Tenant

Date

Responsible Party

Date

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file and will stay in effect for one year and one month from the date signed.

I/We understand that I/we have a right to review this file and correct any information that is incorrect.



Documents Required

These documents are required with the application submission to be placed on our waitlist:

1. Completed application in its entirety – **No Blank Sections Please**
 - Complete any financial sections with “0” if it does not apply to the applicant
 - Any non-financial info that does not apply to the applicant please fill in N/A
2. Proof of Power of Attorney, Financial/Durable Power of Attorney for Healthcare, Guardianship Documents, Living Will if signing on behalf of applicant

Other documents that are necessary prior to move-in:

1. There is a \$200 Nurses Assessment Fee. Please make the check payable to Franklin Court Assisted Living
2. Copy of Picture ID, Driver’s License, State ID, Passport, Or Department of Defense ID Card
3. Copy of all Health Insurance Cards -Medicare A/B/D and Medicaid Card
4. Provider Medical Statement Form (PM1) including Flu & Vaccination records

Documents required at the time of the Lease signing:

1. Documentation providing proof that any belongings moving into Franklin Court Assisted Living have been examined and cleared of bed bugs and other infestations by a pest control company
2. A check or money order for the first month’s pro-rated rent payable to Franklin Court Assisted Living
3. A \$450.00 check or money order for Security Deposit payable to Franklin Court Assisted Living



Application Criteria

Applications may be returned or rejected if:

- Application and supporting documentation are incomplete
- Drug-related or criminal activity, in accordance with the Tenants Selection Plan
- Misrepresentation of information on the rental application
- The facility is unable to meet the medical needs of the applicant

Applicants will be notified in writing with an explanation if the applicant is rejected.

Franklin Court Assisted Living is a smoke-free facility. Smoking of any kind, which includes but is not limited to, cigarettes, cigars, E-cigarettes, vaping, and any other smoking paraphernalia is prohibited throughout the facility and within 50 feet of the entire perimeter of the Franklin Court Assisted, Franklin Court Independent and East Bay Community Development Corp. property.

Franklin Court Assisted Living does not allow pets.