

RETIREMENT HOUSING APPLICATION

Registrants will be placed on the waiting list for the primary facility desired. Additional health information may be required to enable the Board to determine the suitability of the accommodation requested. Financial information will be required if the monthly contribution for the residence is to be based on income.

Date of Application _____

Applicant Name _____ Soc. Sec. No. _____

Applicant Address _____ Birth Date _____

_____ Telephone _____

Marital Status Single Married Divorced Widow(er)

Spouse Name _____ Soc. Sec. No. _____

Spouse Date of Birth _____ Date of Marriage _____

If Deceased, Date of Death _____ Dependent Children at Home? _____

Current Housing Own Rent Manse

| | Applicant | Spouse |
|---|-----------|--------|
| 1. Are you in reasonably good health and able to care for your personal needs and affairs? | _____ | _____ |
| 2. Do you have any type of chronic disease, disorder or disability which would require some assistance in providing for your physical needs?* | _____ | _____ |

* If "yes," please attach a brief statement describing your present physical condition.

Please mark the facility in which you desire to live by inserting a number in each block indicating your order of preference (1,2,3, with 1 being your first preference).

| | | |
|---|--|---|
| <input type="checkbox"/> Westminister Gardens Duarte, CA | <input type="checkbox"/> El Sombroso Oaks Los Gatos, CA | <input type="checkbox"/> Morganwood Swarthmore, PA |
|---|--|---|

Type of accommodation desired

House Single Apartment Double Apartment Congregate (hotel-type)

Date Housing Desired (if uncertain, use "Indefinite") _____

