



An Aldersbridge
Community

Application for Admission

Office Use Only

Date Received: _____
Date Acknowledged: _____

BACKGROUND INFORMATION:

Applicant's Name: _____

Preferred Name / Nickname: _____ Birth Date: _____

Address: _____

Telephone Number: _____ Email Address: _____

Citizenship: Born in the USA Derivative Citizenship
 Naturalized Legal Alien

CO-APPLICANT INFORMATION: (if applicable)

Co-Applicant's Name: _____

Address: _____

Telephone Number: _____ Email Address: _____

Citizenship: Born in the USA Derivative Citizenship
 Naturalized Legal Alien

ACCOMMODATIONS:

Do you desire to move in as soon as possible? Yes No

Accommodations type (check one):

- Studio Apartment
- Small Bedroom Apartment
- Large Bedroom Apartment

ASSISTED LIVING

153 Dean Street, Providence, RI 02903 | (401) 400-1800 | Aldersbridge.org

Aldersbridge Communities is a registered 501(c)(3) non-profit organization.

We are an equal opportunity provider of elder housing and healthcare.



CONTACT INFORMATION FOR RELATIVE, FRIEND OR NONFAMILY MEMBER:

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____ Email Address: _____

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____ Email Address: _____

INCOME STATEMENT:

You agree to give us a detailed written statement of your income and assets before we act on your application.

AGREEMENT:

I (We) hereby make formal application for an apartment at Arbor Hill Assisted Living. I (We) understand that I (We) will be called for a personal interview at such time as an apartment becomes available. I (We) hereby affirm that, to the best of my (our) knowledge, the foregoing information is true, correct, and complete. I (We) also understand that this form is only an application for residence and that the submission for this application does not reserve any apartment or in any way guarantee resident at Arbor Hill.

Signature of Applicant(s):

Date: _____

NOTES: