

Application for Admission

Assisted Living Independent Living

Office Use Only

Date Received: _____

Date Acknowledged: _____

BACKGROUND INFORMATION:

Applicant's Name/Pronouns: _____

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

INCOME STATEMENT:

You are asked only to respond to the following questions. HUD identifies a maximum income per year (counting all sources) allowable for admission here. This applies especially to the year of admission. This year, the maximum income allowable is \$41,000 for Single and \$46,850 for Double. If at present, your income is greater you may still apply, because by the time of your admission either your income may decrease or HUD may increase its maximum.

Please answer: "My present income is: greater than, or less than the maximum established by HUD."

ASSISTED LIVING • INDEPENDENT LIVING

40 Irving Avenue, East Providence, RI 02914 | (401) 438-4456 | 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: _____

ACCOMMODATIONS:

1. Do you desire to move in as soon as possible? [] Yes [] No

2. Please place a #1 beside your first choice and a #2 beside your second choice, for the size apartment desired. If you are a single applicant, you are encouraged to accept an efficiency apartment initially, in order to reduce your waiting time.

Studio Apartment One Room): _____ (For One Person)

Small Bedroom Apartment (Two Rooms): _____ (For 1 or 2 People)

Large Bedroom Apartment (Two Rooms): _____ (For 2 People Only)

AGREEMENT:

I (We) hereby make formal application for an apartment in the Winslow Gardens sponsored by Aldersbridge Communities. 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 and correct. I (We) also understand that this form is only an application for residence and that the submission of this application does not reserve an apartment nor in any way guarantee residence in Winslow Gardens.

Signature of Applicant(s): _____

Date: _____

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