Thank you for your interest in the Visiting Nurse Communities.

Our beautiful residences provide a wonderful solution for both independent seniors and those in need of assisted living. Our spacious one-bedroom apartments are true homes, furnished and decorated by our residents with their own treasured belongings. Our communities offer a variety of amenities to enjoy and an environment to promote safety, dignity and as much independence as possible. Most importantly, we provide peace-of-mind in knowing that a wide array of the highest quality of care and supportive services are available as needed.

Our goal is to provide a caring, nurturing, residential community of friendly neighbors with an extra helping hand available as needed; whether for a permanent home, for short term respite or after a hospital, skilled nursing or rehab stay.

**Apartment Features**

- Kitchen, including an oven
- Large private bathroom with handicapped assistive features including large, walk-in showers and safety grab bars
- Included utilities: heat, AC, water, electricity
- Individually controlled AC/heating system
- Generous closet space and linen storage
- Internal Emergency Call System

**Services/Amenities**

- Assistance with housekeeping & laundry
- One hour of Personal Care (Assisted Living Only)
- Round-the-clock staffing and security cameras
- Social & recreational activities including parties, events, outings, arts, live music
- Wellness & Fitness programs including Zumba Gold, Yoga, Dancing, and Exercise
- Assistance with accessing community services, Home Health, Personal and Primary Care as needed

**Conveniences**

- Hair Salon
- General Store
- Private mailboxes
- On-site parking
- Private Dining Room for special occasions
- Multi-denominational religious/spiritual services
- Delivered medications/supplies/groceries
- Assistance with transportation

**Common Areas**

- Full-service Dining Room serving 3 Meals
- Large Community Kitchen
- Patio areas, covered terraces and decks
- Library and Activity Rooms
- Fitness Areas with equipment
- Lovely gardens with ponds, sun and shade

If you would like to apply, please complete the Pre-Application. Completing the Prospective Residential Financial Information is the first step for those interested in potentially qualifying for a financial program that may reduce their rental cost, now or in the future. Please return forms to our Sales & Marketing Office at the VNA, 405 Alewife Brook Parkway, Somerville, MA 02144. If you have any questions, please call (617) 702-6000 and we will be happy to assist.

We look forward to hearing from you.
Sample Unit

Units are approximately 550 square feet.

The dimensions, sizes, configurations and other information are meant to be illustrative only.
Thank you for your interest in residency at the VNA Assisted and Senior Living Communities. Please complete and return this application to 259 Lowell Street, Somerville, MA 02144. All information will be kept confidential. Upon receipt of your completed application, a member of our staff will contact you.

**General Information** — Please print or type

Name______________________________________________________________

Address______________________________________________________________

State___________ Zip________________________ Phone________________________

Birthday__________________ Place of Birth________________________ Gender: Male____ Female____

Primary Language________________________________________________ Secondary Language________________

Marital Status: Married____ Single____ Widow/er____ Divorced____ Separated____

Current or former occupation__________________________________________

Is there anyone helping you with your application? If so, may we contact them? Yes____ No____

Name______________________________________________________________ Relationship____________________

Address______________________________________________________________ Phone________________________

**Current Living Situation**

Do you own your home or rent? Own____ Rent____ How many years?____________

What type of housing do you live in? Apartment___ Single-Family___ Multi-Family___ Condo___ Other___

Where did you live prior to this?________________________________________________________________

What is your approximate monthly income? $________________

Do you own a car?_______ Do you intend to maintain it?_______ Do you drive yourself regularly?_______

Who helps you at home?____________________________________________________________________

How do they help you?_____________________________________________________________________

Do you have any services to assist you at home? If so, please list service agencies and the types of assistance they provide________________________________________________________________________

What is the reason you are considering supportive housing?_______________________________________________________________________________

____________________________________________________________________________________

Are you currently in a Skilled Nursing Facility/Rehab? Yes____ No____

Name of Facility:________________________________ Location:_______________________________
**Daily Living** — Please print or type

How do you enjoy spending your time? What hobbies do you have?  

**Please use an “X” to describe yourself in the following areas:**

<table>
<thead>
<tr>
<th>TASK</th>
<th>Some Assistance</th>
<th>Full Assistance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparing Meals</td>
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<tr>
<td>Eating</td>
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<td>Housekeeping</td>
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<td>Laundry</td>
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<td>Bathing</td>
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<td>Finances</td>
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<td>Transportation</td>
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<td>Dressing</td>
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<tr>
<td>Walking</td>
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</tbody>
</table>

What other assistance do you feel you need?  

What special equipment or devices do you require?  

**Medical and Insurance Information**

Physician’s Name______________________________ Phone #(_____)____________________  
Address______________________________ City___________________ State____________ Zip_________  

What medical/health problems do you have?____________________________________________________  

What medications are you taking at the present time?_____________________________________________  

Do you require assistance/reminders to administer your medication(s)?     Yes___  No___  
Do you require assistance with a special diet or eating?     Yes___  No___  (describe)____________________  
Do you smoke?     Yes___  No___  

Please list all your medical insurances, including supplemental and long term care_______________________  

I understand and agree that this application is neither a contract nor a reservation for residence.  
Nothing contained in this document obligates or entitles me to an apartment at the VNA Assisted or  
Senior Living Communities until a Resident Agreement has been signed by all parties involved.  

Signature of Applicant__________________________________________ Date of Application__________  

(Completion of this section is voluntary)

In order to help us carry out our responsibilities under applicable Fair Housing Laws, we ask that you identify yourself by one of the following designations: (Please circle only one)  

White      African-American      Asian      Latino      Native American      Eskimo      Other___________________  

The VNA Assisted & Senior Living Residences are committed to the principals of equal opportunity. The residences do not discriminate against individuals on the basis of race, color, gender, sexual orientation, religion, age, ancestry, national or ethnic origin, disability or veteran status in its application process.
PROSPECTIVE RESIDENTIAL FINANCIAL INFORMATION

Please complete this form and return it with your application. All information will be kept confidential.

Name________________________________________________________ Date_________________________

**Income**

Social Security: gross monthly $______________________________

Pension: $____________________________ Company_________________

Address:________________________________________________________________________

Annuity: $____________________________ Company_________________

Address:________________________________________________________________________

Trust Account: $____________________________ Company_________________

Address:________________________________________________________________________

*Approximate Total Value: $____________________________*

**Real Estate** (within last 5 years, in applicant’s name, joint ownership, or trust)

Location: $____________________________ City___________________ State___________

Mortgage: $____________________________ Rental Income: $_____________________

Location: $____________________________ City___________________ State___________

Mortgage: $____________________________ Rental Income: $_____________________

*Approximate Total Value: $____________________________*

**Bank Accounts** (within last 5 years, in applicant’s name, joint ownership, or trust)

Bank:_________________________________ Type of Account:_________________ Acct #:________________

Address:________________________________ Current Balance: $_____________________

Bank:_________________________________ Type of Account:_________________ Acct #:________________

Address:________________________________ Current Balance: $_____________________

Bank:_________________________________ Type of Account:_________________ Acct #:________________

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Address:________________________________ Current Balance: $_____________________

259 LOWELL ST.  ※ 405 ALEWIFE BROOK PARKWAY  ※ SOMERVILLE, MA 02144  ※ 617-776-9800  F. 617-718-2637  ※ WWW.VNAEM.ORG
Assets  (within last 5 years, in applicant’s name, joint ownership, or trust)  

Cert. Of Deposit – Bank:________________________ Account # __________________________ ___________  
Address:________________________________________________________________________________  

Cert. Of Deposit – Bank:________________________ Account # __________________________ ___________  
Address:________________________________________________________________________________  

Cert. Of Deposit – Bank:________________________ Account # __________________________ ___________  
Address:________________________________________________________________________________  

Cert. Of Deposit – Bank:________________________ Account # __________________________ ___________  
Address:________________________________________________________________________________  

Stocks – Brokerage Firm:_______________________ Account # __________________________ ___________  
Address:________________________________________________________________________________  

Bonds – Company:_____________________________ Account # __________________________ ___________  
Address:________________________________________________________________________________  

Cash on Hand:________________________________

Life Insurance Policies  (within last 5 years, in applicant’s name, joint ownership, or trust)  

Company:____________________________________ Address:______________________________  
Policy # _____________________________ Approx. Value: $ _____________________________  

Company:____________________________________ Address:______________________________  
Policy # _____________________________ Approx. Value: $ _____________________________  

Company:____________________________________ Address:______________________________  
Policy # _____________________________ Approx. Value: $ _____________________________  

Funeral Trust:_______________________________ Address:_________________________________  
Policy # _____________________________ Approx. Value: $ _____________________________  

Long Term Care Insurance

Any long term care policies that cover Assisted Living or Supportive Services?   Yes___ No___  
If yes, list company and policy #:__________________________________________________________  
Amount Paid for Services: $ ___________________________  

Any other sources of income: (Please describe) __________________________________________________  

________________________________________________________________________________________  
________________________________________________________________________________________  
________________________________________________________________________________________  

Any debts, mortgages or other financial obligations that would affect the income assets: ____________________  
________________________________________________________________________________________  
________________________________________________________________________________________  
________________________________________________________________________________________

The financial information in this statement is true & is submitted in consideration for residency  
 at the Visiting Nurse Assisted Living Community or the VNA Senior Living Community.  

_________________________________________  ________________________________  
Signature                  Date

VisitingNurse  
ASSISTED & SENIOR LIVING COMMUNITIES  
VNA OF EASTERN MASSACHUSETTS