Thank you for your interest in the Visiting Nurse Assisted Living and Senior Living Communities. Our beautiful residences provide a wonderful solution for those in need of some assistance. Our spacious one-bedroom apartments are furnished and decorated by our residents with their own treasured belongings and we offer a wide array of supportive services and amenities to promote dignity and independence.

Our number one goal is to provide a caring, nurturing residential community for those in need of an extra helping hand, whether it is for a permanent home or short-term for Respite, or after a hospital, skilled nursing or rehab stay.

**Apartment Features**
- Kitchenette
- Large Bathroom
  - with handicapped assistive features
  - walk-in shower with safety grab bars
- Wall-to-wall carpeting
- Individual air-conditioning/heating system
- Fire/smoke detectors, sprinkler system throughout
- Closets
- Emergency Response System

**Services / Amenities**
- Assistance with personal care
  - such as bathing, dressing and grooming
- Assistance with housekeeping & laundry services
- Round-the-clock staffing and security cameras
- Assistance with medication monitoring
- Social & recreational activities
  - including cards, arts & crafts, music & more
- Wellness & Fitness programs
- On-site Home Visiting Nurses, Physicians and Physical Therapists

**Common Areas**
- Full service dining room
- Beautiful country kitchen
- Patio areas and covered porch
- Library & Activity Room
- Lovely gardens with ponds

**Stores / Conveniences**
- Hair Salon
- General Store
- Private mailboxes
- On-site parking
- Private dining for special occasions
- Multi-denominational religious/spiritual services
- Home delivered medications/supplies

An application for residency is enclosed for your convenience. If you would like to apply, please complete the Pre-application and Prospective Residential Financial Information and return them to our management offices at the VNA, 259 Lowell Street, Somerville, MA 02144. If you have any questions, please call (617) 776-9800, and someone will be more than willing to assist you.

We look forward to hearing from you.
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____________________________________________________ Social Security #____________________
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>
<td></td>
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<tr>
<td>Eating</td>
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<td>Housekeeping</td>
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<tr>
<td>Laundry</td>
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<td></td>
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<tr>
<td>Bathing</td>
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<tr>
<td>Finances</td>
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<tr>
<td>Shopping</td>
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<td>Transportation</td>
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<tr>
<td>Dressing</td>
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<td></td>
</tr>
<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 #:________________________

Address:________________________________________________________________________ Current Balance: $________________________

Approximate Total Value: $________________________
**Assets**
(Within last 5 years, in applicant's name, joint ownership, or trust)

<table>
<thead>
<tr>
<th>Description</th>
<th>Company</th>
<th>Address</th>
<th>Policy #</th>
<th>Approx. Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cert. Of Deposit – Bank</td>
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<tr>
<td>Cert. Of Deposit – Bank</td>
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<tr>
<td>Cert. Of Deposit – Bank</td>
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<tr>
<td>Life Insurance Policies</td>
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<tr>
<td>Company</td>
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<tr>
<td>Policy</td>
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<td></td>
<td>Approx. Value: $</td>
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<tr>
<td>Bond</td>
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</tr>
<tr>
<td>Cash on Hand</td>
<td></td>
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</tbody>
</table>

**Life Insurance Policies**
(Within last 5 years, in applicant's name, joint ownership, or trust)

<table>
<thead>
<tr>
<th>Description</th>
<th>Company</th>
<th>Address</th>
<th>Policy #</th>
<th>Approx. Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock – Brokerage Firm</td>
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<tr>
<td>Bond</td>
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<tr>
<td>Cash on Hand</td>
<td></td>
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</tr>
</tbody>
</table>

**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