



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

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

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

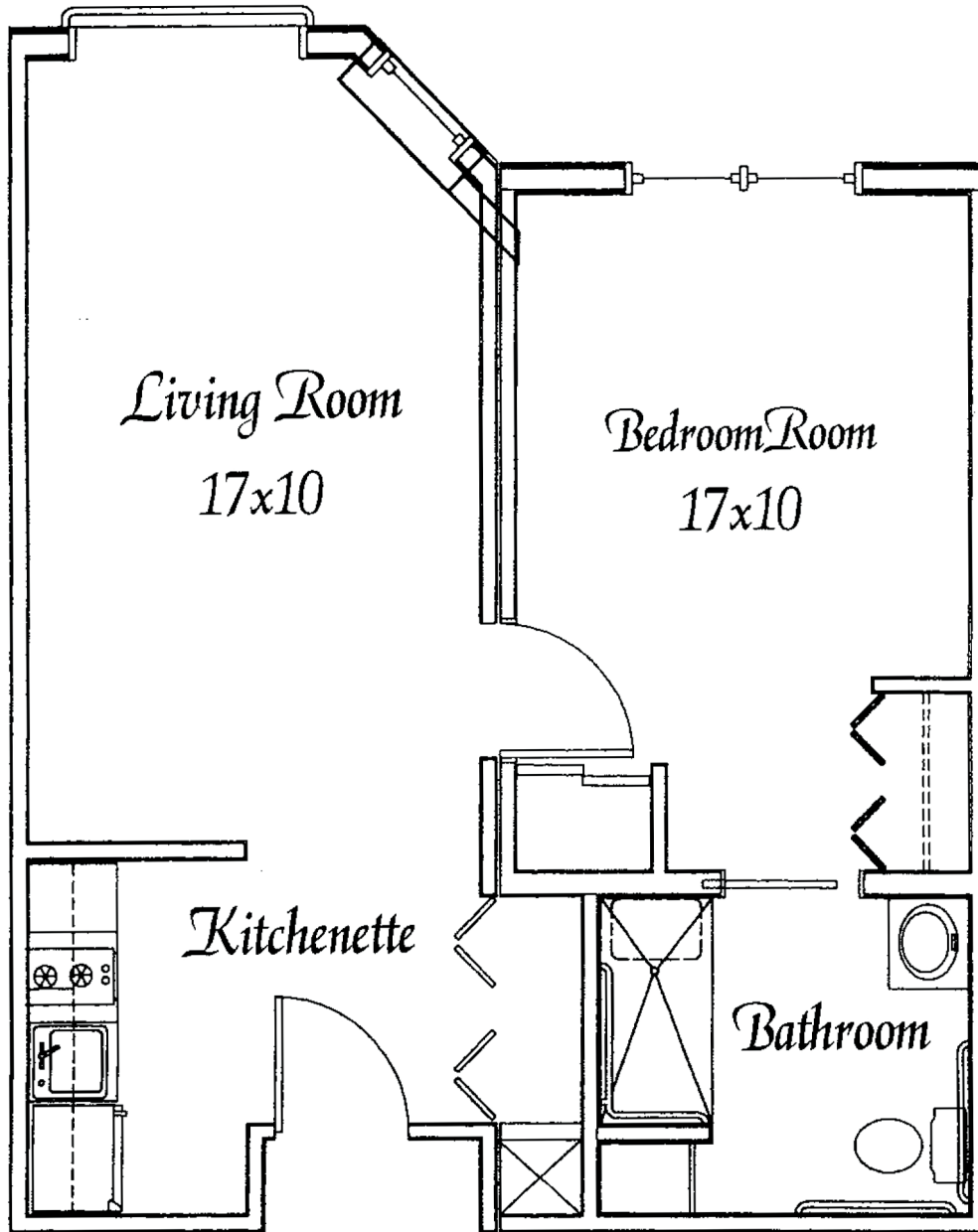
Common Areas

- 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.



PRE-APPLICATION FOR RESIDENCY

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:

TASK	Some Assistance	Full Assistance	Comments
Preparing Meals	_____	_____	_____
Eating	_____	_____	_____
Housekeeping	_____	_____	_____
Laundry	_____	_____	_____
Bathing	_____	_____	_____
Finances	_____	_____	_____
Shopping	_____	_____	_____
Transportation	_____	_____	_____
Dressing	_____	_____	_____
Walking	_____	_____	_____

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: \$ _____

Assets

(within last 5 years, in applicant's name, joint ownership, or trust)

Annual Income

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: \$ _____

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