



Rental Application

Applicant Information					
Name:					
Date of birth:		SSN:		Phone:	
Current address:					
City:		State:		ZIP Code:	
Own	Rent	(Please circle)	Monthly payment or rent:		How long?
Previous address:					
City:		State:		ZIP Code:	
Owned	Rented	(Please circle)	Monthly payment or rent:		How long?
Employment Information					
Current employer:					
Employer address:					How long?
Phone:		E-mail:		Fax:	
City:		State:		ZIP Code:	
Position:		Hourly		Salary	(Please circle)
				Annual income:	
Emergency Contact					
Name of a person not residing with you:					
Address:					
City:		State:		ZIP Code:	Phone:
Relationship:					
Co-applicant Information, if Married					
Name:					
Date of birth:		SSN:		Phone:	
Current address:					
City:		State:		ZIP Code:	
Own	Rent	(Please circle)	Monthly payment or rent:		How long?
Previous address:					
City:		State:		ZIP Code:	
Owned	Rented	(Please circle)	Monthly payment or rent:		How long?
Co-applicant Employment Information					
Current employer:					
Employer address:					How long?
Phone:		E-mail:		Fax:	
City:		State:		ZIP Code:	
Position:		Hourly		Salary	(Please circle)
				Annual income:	



CHILDREN AND/OR SIGNIFICANT FAMILY MEMBERS OR FRIENDS:

Number of Sons _____ Number of Daughters _____

1. Name: _____

Relationship to Applicant: _____

Date of Birth: _____

Address: _____
City/State Zip Code

E-Mail Address: _____ Cell Phone # (____) _____

Occupation: _____

Business Name and Address: _____

Business Telephone Number: (____) _____

Spouse's Name: _____ Age: _____

Spouse's Occupation: _____

2. Name: _____

Relationship to Applicant: _____

Date of Birth: _____

Address: _____
City/State Zip Code

E-Mail Address: _____ Cell Phone # (____) _____

Occupation: _____

Business Name and Address: _____

Business Telephone Number: (____) _____

Spouse's Name: _____ Age: _____

Spouse's Occupation: _____



CONTACT PERSON:

Name: _____

Phone #: (____) _____ Email Address: _____

Have you designated an Attorney-In-Fact on a Durable Power of Attorney for Health Care?
_____ Yes _____ No

Name of Attorney, Trustee, or Attorney-In-Fact for Property or Money Management (if any):

Name: _____

Address: _____

Telephone # _____

Do you use a Walker? ___ Yes ___ No
Do you use a Wheelchair? ___ Yes ___ No
Is Wheelchair Electric? ___ Yes ___ No

Are you on a Special Diet?

INTEREST AND ORGANIZATIONS:

What organization(s) or group(s) are you currently active in?

What groups or organization(s) have you been active in?

How did you hear about Feels Like Home?

- () Google Search
- () Facebook
- () Referral _____
- () Other _____



Health Insurance Information

Do you have a Medicare Supplemental Health Insurance Policy? ___ Yes ___ No

Company Name: _____

Policy #: _____ Subscriber #: _____

Do you belong to a Health Maintenance Organization (HMO): ___ Yes ___ No

Company Name: _____

Policy #: _____ Subscriber #: _____

Social Security Number: _____ - _____

Medicare #: _____

SSI/Medi-Cal Number: _____

Company Name: _____

Policy #: _____ Subscriber #: _____

Company Name: _____

Policy #: _____ Subscriber #: _____



Confidential Financial Information

MONTHLY INCOME

	Amount	Direct Deposit
Social Security:	_____	___ Yes ___ No
Supplemental Government Insurance:	_____	___ Yes ___ No
Support from Family:	_____	___ Yes ___ No
Restitution:	_____	___ Yes ___ No
Other:	_____	___ Yes ___ No
Pension:	_____	_____
		Company Name



ASSETS/NET WORTH

	<u>Bank Name</u>	<u>Branch</u>	<u>Amount on Last Statement</u>
Checking Account:	_____	_____	_____
Savings Account:	_____	_____	_____
Saving Account:	_____	_____	_____

	<u>Description</u>	<u>Estimated Value</u>
Property:	_____	_____
Stocks:	_____	_____
Bonds:	_____	_____
Trusts:	_____	_____
Automobile:	_____	_____
Life Insurance Policy:	_____	_____
	Company	Policy Number

Have you given away, transferred or given gifts of any property, money, stocks, bonds or other assets, to anyone during the past three years? Yes No



Have your Funeral and Cemetery arrangements been made? Yes No

Name of Cemetery: _____ Paid For: Yes No

Name of Mortuary: _____ Paid For: Yes No

How much is your current monthly rent? _____

Do you live in HUD Housing? Yes No

Please list any debts or monies owed: _____

Credit Card: _____

Company's Name

Balance Owed

Monthly how much do you spend (average): _____

Applicant's signature

Date

Signature of person assisting applicant if applicant can't sign

Date



Private Room Types, Monthly Rate & Additional Service Options

APARTMENTS:

STUDIO A	\$1450
STUDIO B	\$1550
STUDIO C	\$1650
STUDIO D PLUS *	\$1850
1 BR /1 BATH A	\$1950
1 BR /1 BATH B	\$2050
1 BR /1 BATH C	\$2150
1 BR /1 BATH D	\$2250
1 BR /1 BATH E PLUS *	\$2350
2 BR /2 BATH A	\$2600
2 BR /2 BATH B	\$2700
2 BR /2 BATH C PLUS *	\$2950

Apartment rents include utilities and 3 meals each day

Extra tenants are an additional \$450 per month.

COTTAGES:

1 BEDROOM /1 BATH COTTAGE	\$2500
2 BEDROOM /2 BATH COTTAGE	\$2850
2 BEDROOM /2 BATH COTTAGE PLUS *	\$3000

Cottages include 3 meals each day, full kitchens, washer and dryer. Residents pay utilities in cottages.

\$250 price reduction if meals are not included.

\$250 price increase per person for each additional tenant

*** Plus units have one of a kind features such as extra large private patios, bay windows, cathedral ceilings, and other unique features that are limited in quantity.**



Additional Service Options

<u>SERVICE OPTION</u>	<u>AMOUNT</u>
DAILY VISUALS (Checking Morning, Afternoon, & Evening / Weekly Blood Pressure Checks)	No Charge
HOUSEKEEPING (WEEKLY) PER MONTH	
• STUDIO	\$50.00/WK
• 1 BEDROOM	\$75.00/WK
• 2 BEDROOM	\$100.00/WK
• COTTAGES	\$100.00/WK (1BR) \$150.00/WK (2BR)
LAUNDRY SERVICES PER MONTH (2 loads per week)	\$100.00/MO
LAUNDRY SERVICES PER WEEK (2 loads per week)	\$25.00/WK
MEAL DELIVERY SERVICE	
• ALL MEALS	\$100.00/MO
• 50 MEALS	\$75.00/MO
• 25 MEALS	\$40.00/MO
• 10 MEALS OR LESS	No Charge
TRANSPORTATION (Round Trip 10 Mile Radius / 2X Month)	\$50.00/MO
PRIVATE DINING ROOM (2 hour rental)	\$150.00
EXERCISE CLASSES OR PROGRAMS (Routine)	No Charge
7AM - 7PM FITNESS CENTER ACCESS	No Charge
SPECIAL CARE TO ENGAGE ENJOYABLE ACTIVITIES	\$10 Per Activity
REGULAR SPIRITUAL SERVICES	No Charge
SOCIAL AND RECREATIONAL ENRICHMENT PROGRAMS	No Charge
COMPUTER ACCESS	No Charge
GAME PARLOR ACCESS	No Charge
PRIVATE PARTIES	No Charge
RESERVED HANDICAPPED PARKING	Varies
COMMUNITY SPONSORED OUTINGS	Varies
SPECIAL OUTINGS	No Charge Varies



CONTINUING CARE LEVEL PROGRAMS

- BASIC CARE	\$200.00
- INTERMEDIATE CARE	\$350.00
- ADVANCED (Injections)	\$500.00
- CUSTOM CARE PROGRAMS	\$TBD
- MEDICAL FACILITY VISITS (On-Site Clinic) (Specialized Services)	\$TBD
- MEDICATION REMINDERS	\$100.00/MO

TOTAL OF SERVICES PROVIDED \$ _____

PLEASE NOTE: THIS IS AN INDEPENDENT LIVING FACILITY THAT PROVIDES SUPPORTIVE CARE SERVICES TO OUR RESIDENTS.

****SERVICES PROVIDED BY A PHYSICIAN TBA***

*****DISCLAIMER: RESIDENTS MUST SECURE AND KEEP ALL VALUABLES IN A SAFE AREA.***

RESIDENT SIGNATURE: _____ DATE: _____

MANAGEMENT APPROVAL: _____ DATE: _____