

THE RESIDENCES AT SNOW PLACE Confidential Residency and Membership Application

Full Name:				
	First	Middle	Last	
Current Addr	ess:		·	
	Stree	t		
	City/Town	Sta	te	Zip
Felephones: _	Ноте	Work		Cell
		Number of year	rs at this addres	ss:
	Fax	•		
			# Yea	ars there
Prior Residen	nce:			
			# Yea	rs there
Date of Birth	:	Male	Female	

Additional Occupant:

Full Name:					
	First	Middle	Last		
Relationship:		Social Security #			
Date of Birth	:		Male Female		
Current Addre	ess:Stree	rt			
	City/Town		State	Zip	
Telephones: _	Ноте	Woi		Cell	
	ber or Other Contact		Last		
Relationship:			Lusi		
Current Addre	ess:				
	City/Town		State	Zip	
	Ноте	Wor	rk.	Cell	

Financial Information:

Please list items as either assets **OR** income, but not as both.

Assets		Monthly Income				
			Applicant	Additional Applicant		
Equity in residence	\$	Social Security	\$	\$		
Savings & CDs	\$	Pension & Retirement	\$	\$		
Stocks	\$	Savings & CDs	\$	\$		
Bonds	\$	Other (specify)	\$	\$		
Other Real Estate	\$	Other (specify)	\$	\$		
Other	\$	Other (specify)	\$	\$		
TOTAL ASSETS	\$	TOTAL COMBINE	D INCOME	\$		
Bank:	Saving	īS	Checking			
Name						
Account #						
Current Balance						
*****Please attach documents to verify each of the items listed above.						
Additional Financial information:						

I understand that The Residences at Snow Place is a residence for seniors who are able to live independently. I hereby certify that at the present time, I am fully capable of living independently and without the need for professional assistance with activities of daily living, such as physical support or aid with bathing, dressing, eating and similar daily activities ("personal services"). I also understand that I will be asked to repeat this certification at the time that I intend to take occupancy.

My signature below certifies that the information contained in this application is true, and authorizes The Residences at Snow Place and/or its agents to verify my financial and residency information, including but not limited to a credit check. My signature also authorizes the release of relevant financial and residency information to The Residences at Snow Place and its management agent, Rogerson Communities.

Applicant Signature		Date
The Residences at Snow Place is committed disabled or handicapped. Do you require a disability? (If yes, verification by a physicial phy	any special accommodation	on the basis of a handicap or
RACE/NATIONAL ORIGIN: The City of order to monitor the owner's compliance we law provides that an applicant may not be oblow or whether or not the information is	vith Equal Housing Opportodiscriminated against on the	unity and Fair Housing Laws. The
White/Non-Minority	African American	I do not wish to answer
American Indian/Native American	Asian	Other
This Housing is available on an equal opportugation and application process contact:	ortunity basis. If you feel th	hat you have been discriminated
Boston Fair Housing Corporation City Hall – 9 th Floor One City Hall Plaza Boston, MA 02201		

The Residences at Snow Place does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, familial status, children, ancestry, marital status, sexual orientation or preference.

617-635-4408