



249 River Street, Mattapan, MA 02126
t: 617.298.5800 f: 617.298.5802 tty: 800.439.2370

Thank you for your expression of interest in residency at The Foley Senior Residences.

Please note that The Foley offers both independent and assisted living options for seniors 62 and older.

General Information

I am applying for: Independent Senior Living _____ OR Assisted Living _____

Applicant Name _____ Social Security # _____

Co-Applicant Name _____ Social Security # _____

Address _____ Town/City _____

State _____ Zip _____ How long at this address? _____ years

Telephone where applicant can be reached _____

Birth Date _____ Birth Place _____ Male _____ Female _____

Co-applicant Birth Date _____ Birth Place _____ Male _____ Female _____

If someone is assisting you in considering The Foley, please give us contact information

Name _____ Relationship _____

Address _____ Town/City _____

State _____ Zip _____ Telephone _____

How did you hear about The Foley? _____

What is your anticipated move-in date? _____

What is your preferred apartment? ___ Studio ___ One-Bedroom ___ Wheelchair accessible
___ First Available Unit (either studio or one-bedroom)

Current Living Situation

Do you rent or own your home? ___ Rent ___ Own. Is home listed in applicant's name? ___



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Equal Housing Opportunity / Equal Employment Opportunity
Section 204 Coordinator at 781.943.0200 extension 255



What type of housing do you live in? Apartment Single family Multi-Family
 Condo Other (please describe) _____

Current monthly rental rate, if applicable _____

Name of Landlord/Owner/Manager _____

Address _____ Town/City _____

State _____ Zip _____ Telephone _____

Do you have a Section 8 certificate or voucher? _____

If you have lived at your current address for fewer than five years, please list previous address

Name of Landlord/Owner/Manager _____

Address _____ Town/City _____

State _____ Zip _____ Telephone _____

Do you own a car? (yes/no). Will you have a car if you move to The Foley? (yes/no)

Financial Information

Please provide the following financial information. If there are two applicants, please give the total for both persons. This information will be kept confidential:

Employment Income	\$ _____	per month
Social Security Income	\$ _____	per month
Employer Pension	\$ _____	per month
Interest & Dividend Income	\$ _____	per month
Annuity Income	\$ _____	per month
Life Insurance Benefits	\$ _____	per month
Support from Family	\$ _____	per month
Rental Income	\$ _____	per month
Other: _____	\$ _____	per month
Total Monthly Income	\$ _____	per month

What are your assets/savings? _____

If you own your home, what is its approximate value? _____



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Is there any other information we should know about when reviewing your income & assets?

Daily Living (these questions are optional for Independent Living Applicants)

Are there any problems or concerns that our staff should know about, or any special support you might need to live at The Foley? _____

Do you currently need someone (friend, relative or other person) to live with you? ____ (yes/no)

If so, who? _____ Reason for this need? _____

Do you currently need someone to assist you during the day? ____ (yes/no)

If yes, what type of assistance do you receive? _____

Please use an "X" to indicate your desire for assistance in the following areas:

Task	No Assistance Needed	Minimal Assistance Needed	Full Assistance Required
Housekeeping			
Laundry			
Bathing			
Budgeting			
Shopping			
Transportation			
Dressing			
Medication Reminder			
Escort/Mobility			
Night Care			
Shaving/Grooming			



Health Care Information

(optional for Independent Living Applicants)

Physician's Name _____

Address _____ Telephone _____

Hospital Affiliation _____

How would you describe your current health? _____ Excellent _____ Good _____ Fair

How often do you see your doctor? _____ When was your last visit? _____

Do you use a cane, wheelchair or walker? _____ (yes/no) Type _____

Are you on a special or restricted diet? _____ (yes/no) Please describe _____

Do you smoke? _____ (yes/no)

Medical Insurance Information

(optional for Independent Living Applicants)

Please list all of your medical insurance coverage, including Medicaid, supplemental and long-term care insurance:

Name of Carrier/Type of Insurance	Your Subscriber Number	Co-Applicant Subscriber Number

I understand and agree that this application is neither a contract, nor a reservation for residency. Nothing contained in this document is legally binding on The Foley Senior Residences or me unless and until all parties involved have signed a Residency Agreement.

Signature of Applicant

Date of Application

Signature of Co-Applicant



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RACE / NATIONAL ORIGIN

The Federal Government requires that we obtain the following information in order to monitor compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or on whether or not the information is furnished.

White (not of Hispanic Origin) Hispanic Asian or Pacific Islander
 Black/African American (not of Hispanic Origin) Native American or Alaskan Native
 Unknown / Other I do not wish to furnish the above information.

If you have questions concerning this application please call 617-298-5800

This application is confidential.

Mail, fax or deliver to:

The Foley Senior Residences

249 River St.

Mattapan, MA 02126

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