



PRELIMINARY RESIDENCY APPLICATION

Thank you for your interest in Springhouse. You must complete this application to be considered for residency. An application fee of \$1,000 and a signed Disclosure of Rights and Services must be included with your application. This fee will be fully refundable upon request or if you do not qualify for residency. The fee will be applied toward the community fee on occupancy. No deposit will be accepted without a Disclosure Statement signed and dated prior to the date of the check. Please make checks payable to Springhouse.

Name: _____

Birth Date: _____ Marital Status: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

How long at above address? _____ Own? _____ Rent? _____

Do you own an automobile? Yes _____ No _____

How did you hear about Springhouse? _____

Physician's Name: _____ Telephone: _____

Address: _____ Hospital: _____

City: _____ State: _____ Zip: _____

Do you currently receive any kind of support services at home? Yes_ No_ If yes, please specify:

What are your special interests or hobbies? _____

Please provide the name of a nearby relative or friend:

Name: _____ Relationship: _____

Address: _____ Telephone/Cell _____

City: _____ State: _____ Zip _____

Email: _____

I understand and agree that the foregoing application is not a contract or reservation for residence. Nothing contained herein is binding on either party until a Residency Agreement has been signed by the parties hereto. All information contained on this application will be handled with confidentiality. I certify that the information which I have provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant

Date

**Return the completed application and fee to:
Springhouse, Marketing Office, 44 Allandale Street, Boston, MA 02130**