

Montclair Shared Housing Association The Montclair Inn

27 Hillside Avenue
Montclair, NJ 07042

RESIDENCY APPLICATION

GENERAL INFORMATION

Date



Month Day Year

Applicant's Name *

Social Security #

First Name Last Name

Social Security #

Present Address *

Street Address

City

State

Zip Code

Phone Number *

Email *

Area Code

Phone Number

example@example.com

Sex: *

M

F

Age *

Date of Birth *



Month Day Year

Type a question *

Single

Married

Separated

Divorced

Widowed

Employment Status *

Full Time

Part Time

Retired

Occupation (former if retired) *

Employer (former if retired)

HOUSING

Describe your current housing (house or apt., own or rent, live alone or share, with relatives, assisted living, etc.): *

How long have you lived at current address? *

If renting, current monthly rent (\$/month) *

If renting, current landlord name, address, and phone #:

Name

Address

Phone #

Previous residences (in last 10 years, fill out where applicable)

Address

Rent \$/Mo.

Landlord Name

Landlord Phone#

Residence 1

Residence 2

Residence 3

Residence 4

Residence 5

Residence 6

Residence 7

Residence 8

Residence 9

Residence 10

Have you ever been evicted from an apartment, or asked to leave a residence or facility? *

Yes

No

If Yes, please explain

INCOME

TABLE: Anticipated Annual Income

Wages/ Salaries

Social Security Benefits

Pensions/ Other Benefits

Section 8

Public Assistance

Workers Comp

Other Income (relatives, friends)

Asset Income: (income from savings accounts, investments, CODs, IRAs, real estate, stocks, bonds, money market accts., etc.)

Total Annual Income

If unsure, please circle approximate annual income

- \$15,000-\$25,000
- \$25,000-\$32,000
- \$32,000-\$52,000
- \$52,000-\$100,000
- Over \$100,000

Please explain approximate annual income

Will get assistance with rent from

MEDICAL

Medical information is required under state licensing regulations, but kept confidential. The Inn is an equal opportunity housing provider and makes admissions decisions according to fair housing laws and state licensing requirements.

What is your general physical and mental health? *

- Excellent
- Very Good
- Good
- Fair

Please describe *

Please list any health conditions you have and medication prescribed

Conditions

Medication

When Taken

Do you need to be reminded to take medication? *

Yes

No

Have you ever stopped taking prescribed medication? *

Yes

No

If yes, what were the consequences?

If yes, did it result in your being hospitalized?

Are you in need of regular assistance for your daily personal care needs such as bathing, dressing, taking medication, doing laundry, etc.? *

Yes

No

If yes, please explain who helps you and for what reasons

Are you able to manage stairs with or without an assistive device? *

Yes

No

If Yes, please explain

Does your physical or mental health interfere with your day to day activities? *

Yes

No

If Yes, please explain

Over the past ten years, have you been admitted to the hospital? *

Yes

No

If Yes, please explain

Hospital

Reason

Date, and length of hospitalization

Follow-up Care

Primary Physician Name *

First Name

Last Name

Primary Physician Address *

Street Address

City State

Zip Code

Primary Physician Phone *

Area Code Phone Number

Primary Physician Email

example@example.com

Other physicians or medical providers (psychiatrist, physical therapist, etc.). Please use back of sheet if necessary:

Name	Specialty	Address	Phone
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Do you smoke? *

Yes
No

Number of packs per day

Number of packs per week

PERSONAL

Why do you want to live at the Montclair Inn? *

How would you describe your ability to get along with others? *

Special hobbies/interests *

Is there any other information about yourself that you think would be helpful to us? *

Do you own a car?

Yes
No

Would you need parking?

Yes
No

If accepted for residency at the Inn, when would you like to move in?

Yes
No

Have you ever been convicted a crime?

Yes
No

If yes, please explain

CONTACT PERSONS

The Inn requires you to have at least one person (child, next of kin, close friend or relative, etc.) who would be willing to assist you case of illness, emergency, or other change of status.

Contact Name 1 *

First Name Last Name

Contact Address *

Street Address

City State

Zip Code

Contact Phone *

Area Code Phone Number

Email *

example@example.com

Relationship to you *

Contact Name 2 *

First Name Last Name

Address *

Street Address

City State

Zip Code

Phone Number *

Area Code

Phone Number

Email *

example@example.com

Relationship to you *

CHILDREN OR OTHER RELATIVES (not listed above).

Relative 1

Name

First Name

Last Name

Phone Number

Area Code

Phone Number

Address *

Street Address

City

State / Province

Postal / Zip Code

Email

example@example.com

Relationship to you

Relative 2

Name

First Name Last Name

Phone Number

Area Code Phone Number

Address

Street Address

City State

Zip Code

Email

example@example.com

Relationship to you

Relative 3

Name

First Name Last Name

Phone Number

Area Code Phone Number

Address

Street Address

City State

Zip Code

Email

example@example.com

Relationship to you

Have you appointed a POWER of ATTORNEY or has a GUARDIAN been assigned to you? *

Yes

No

If Yes, please provide:

Name

First Name Last Name

Phone Number

Area Code Phone Number

Email

Address

Street Address

City

State

Zip Code

Description of POA or guardianship

Legal/financial

Medical

Both

Other

Is someone other than you financially responsible for paying your rent? *

Yes

No

If Yes, please provide:

Name

First Name

Last Name

Phone Number

Area Code

Phone Number

Address

Street Address

City

State

Zip Code

Email

example@example.com

Relationship to you and arrangement to make payments

Do you have an Advanced Directive and/or Living Will? *

Yes (please email a copy to montclairinn@gmail.com)

No

NON-FAMILY REFERENCE

Name *

First Name

Last Name

Phone Number

Area Code

Phone Number

Address *

Street Address

City

State

Zip Code

Please send the following documents separately to montclairinn@gmail.com:

- BIRTH CERT.
- PROOF OF ABILITY TO PAY
- MEDICAL CERTIFICATION
- PERSONAL REFERENCES
- LANDLORD REFERENCES
- ADVANCED DIRECTIVE/LIVING WILL
- POWER OF ATTORNEY