

APPLICATION FORM

The Sundial
29 Merriam Parkway
Fitchburg, MA 01420
(978) 345-1559

Bedroom Alcove Suite
Type A, B & C

One

Bedroom Suite
Type D, E

REQUIREMENTS: 1) You or your spouse must be 62 or over.
2) You must be able to live independently.

RENTS FOR 2012:

Alcove A \$434 Alcove B & C \$437 One Bedroom D & E \$490

Monthly rent includes heat, electricity and water

NAME _____ Birthdate _____ Age _____

SPOUSE _____ Birthdate _____ Age _____

MARITAL STATUS (circle) MARRIED DIVORCED SINGLE

WIDOW

WIDOWER

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK/CELL _____

1. Do you own or rent your current housing? Own _____ Rent _____

2. What type of apartment would you prefer, if possible?

Bedroom-Alcove (for singles) A B C (circle one)

One Bedroom (for couples) D E (circle one)

3. Do you have a car? Yes _____ No _____

4. Your approximate ANNUAL income from all sources \$ _____

If presently working, estimated income after retirement \$ _____

5. Is there any reason which would preclude you from living independently at the Sundial? Yes _____ No _____

6. Personal references:

Name _____ Phone _____
Address _____ State _____ Zip _____
Name _____ Phone _____
Address _____ State _____ Zip _____

7. Current landlord (if renting):

Name _____ Phone _____
Address _____ State _____ Zip _____

8. Most recent former landlord (if any):

Name _____ Phone _____
Address _____ State _____ Zip _____

9. Personal physician:

Name _____ Phone _____
Address _____ State _____ Zip _____

Consent to release information. [Check the applicable sentence.]

_____ I authorize the personal physician and current and former landlord(s) listed above to provide information to the Sundial Manager.

_____ I do not authorize the personal physician and current and former landlord(s) listed above to provide information to the Sundial Manager.

Signature _____ Date _____

10. If you are not financially able, do you have a relative who will guarantee a portion of the monthly rental? Yes _____ No _____

Name _____ Phone _____
Address _____ State _____ Zip _____

After reading the above, I attest that I understand it. I certify that all information I have given here is true.

Signature _____ Date _____

Mail to: First Parish Housing of Fitchburg, Inc., The Sundial
29 Merriam Parkway, Fitchburg, MA 01420

Date received by the Sundial _____

INCOME INFORMATION

Applicant's Name _____ Date _____

Present Address _____ Phone _____

ASSETS

Real Estate Value _____ Equity, if any _____

ANNUAL INCOME

	His	Hers
Social Security	_____	_____
SSI	_____	_____
Veteran's Benefits	_____	_____
Pension	_____	_____
Interest	_____	_____
Dividends	_____	_____
Annuities	_____	_____
Rental Income	_____	_____
Other Income	_____	_____
TOTAL	_____	_____

I understand that this information will be held in strictest confidence by First Parish Housing of Fitchburg, Inc. I hereby certify that the information I have provided is true and complete to the best of my knowledge.

Signature _____ Date _____