



Approximate move in date: _____

WESLEY HOMES, INC. ST. JOHN TOWERS

1. **APPLICANT(S):** **PLEASE PRINT**

Head of Household: _____
Current Mailing Address: _____
First Middle Initial Last
Street Apt.
City State Zip Code
Telephone: _____
(Area Code)

Co-Head Name: _____
Current Mailing Address: _____
First Middle Initial Last
Street Apt.
City State Zip Code
Telephone: _____
(Area Code)

2. **Household Composition and Characteristics**

(List the head of the household and all other members who will be living in the unit. Give the relationship of each family member to the head. **Head of household MUST be 62 years or older**)

Member's Full Name	Relationship	Birth Date	Sex M or F	Social Security Number
	Head			
	Spouse/Co Head			

Marital Status of the Head of Household: ___ Single ___ Married ___ Separated

Office Use Only: ___ *EL Income* ___ *Very Low Income* ___ *Low Income*
Date Received: _____ **Time:** _____ **initials** _____

3. **Race or Ethnicity of Household** (Complete attached Race and Ethnic Data Reporting Form for each member of household)
4. **Are you, or a member of your household, a student enrolled in an Institute of Higher Education as defined by the Higher Education Act of 1965 – Amended 1998?**

YES _____ NO _____

FOR ELIGIBILITY, ALLOWANCE AND ACCOMMODATION PURPOSES ONLY

5. PREVIOUS HOUSING HISTORY (For St. John Towers Screening Criteria)

Current residence:

Address _____ City: _____ State: _____
 Zip: _____ How long have you lived there? _____
 Reason for leaving: _____
 Are you renting: ___ Yes ___ No. If yes, please provide the following:
 Landlord/Manager Name: _____
 Address: _____ Phone: _____

Former Residence:

Address: _____ City: _____ State: _____
 Zip: _____ How long did you live there? _____
 Reason for leaving: _____
 Are you renting: ___ Yes ___ No. If yes, please provide the following:
 Landlord/Manager Name: _____
 Address: _____ Phone: _____

Former Residence:

Address: _____ City: _____ State: _____
 Zip: _____ How long did you live there? _____
 Reason for leaving: _____
 Are you renting: ___ Yes ___ No. If yes, please provide the following:
 Landlord/Manager Name: _____
 Address: _____ Phone: _____

You must report ALL states you have resided in since the age of 18, and the last address in each state, up to the above addresses, in which you resided during the past five years. All applicants over 18 are required to report this information.

State	From (date)	To (date)	Last Street Address in that state	City	County

EMERGENCY CONTACT

6. In case of an emergency, whom would we contact?

Name: _____ **Relationship:** _____ **Phone:** _____

Address: _____

Name and address of nearest relative NOT living with you

Name: _____ **Relationship:** _____ **Phone:** _____

Address: _____

Name and address of person to be contacted if you become incapacitated.

Name: _____ **Relationship:** _____ **Phone:** _____

Address: _____

7. PERSONAL REFERENCES (For St. John Towers Screening Criteria)

Please provide the name, address and phone number of three personal references other than family or relatives.

Name: _____ **Phone:** _____

Address: _____

Name: _____ **Phone:** _____

Address: _____

Name: _____ **Phone:** _____

Address: _____

8. Employment Are you/household members currently employed? ___ Yes ___ No

If yes, give name and address of your employer(s):

Name: _____

Address: _____

Telephone: _____

(Area Code)

9. INCOME AND ASSET INFORMATION (Only if applying for financial rental assistance)

Income

Do you or any members of your household receive any of the following types of income on a regular basis?

	Source	Monthly Amount	Documentation Needed
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages/Salaries		Pay stub/letter from employer & provide Provide Name/address
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security /SSI Railroad Retirement		Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Pensions		Most Recent Statement/Check Stub & provide Institution Name/address/account no.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities		Most Recent Statement/Check Stub & provide Institution Name/address/account no.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Insurance		Most Recent Statement/Check Stub & provide Institution Name/address/account no.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest from Investments		Bank Statement; Forms 1099 & provide Institution Name/address/account no.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dividends		Dividend Statement & provide Institution Name/address/account no..
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Income		Last 6 months statements & provide Institution Name/address/account no..
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from Self-Employment		Tax Documents or Written Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (specify)		Written Documentation

If further space is needed to provide information on sources of income, please attach a separate sheet describing such sources of income.

Do you or any members of your family have any regular sources of income not listed above?

Yes No If yes, please describe _____

10. Assets Complete this section ONLY If You Are Applying For Rental Subsidy

Do you or any members of your family have any of the following assets?

	Asset	Current Value	Documentation Needed
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash on Hand		Signed Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account(s)		Copies last 6 months bank statements and provide: Institution Name/address/account no.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings/Money Market Account(s)		Copies of Last 6 months statements and provide: Institution Name/address/account no.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks and Bonds		Most recent Statement & provide Institution Name/address/account no.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit		Copy of Certificate & provide Institution Name/address/account no.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Collectibles held for Investment		Current Appraisal

If further space is needed to provide information on additional assets, please attach a separate sheet describing such assets.

Do you or any members of your household own a home, commercial property, or other real estate? Yes No *If yes, please list.*

Address _____ Estimated Value
 _____ \$ _____

11. Do you or any members of your household have any life insurance policies with permanent cash value? (May be called “whole life,” universal,” or “paid up” coverage.)
 Yes No **If yes, please list policies below: or attach additional pages**

Name AND address of Company(s)	Policy #	Face Value	Current Cash Value

12. Medical/Medical Expenses

Do you have **Medicare**? Yes No If Yes, what is your premium amount? _____

Do you have **other medical insurance**? _____ If Yes, give the name of the insurance company, address, your policy number and the premium amount:

Are your medical bills paid by insurance? Yes No

Are you receiving medical assistance through Welfare? _____

If you pay any portion of your medical and/or drug costs, please furnish us with an anticipated cost for the upcoming twelve (12) month period.

Do you have any outstanding medical bills? Yes No If yes, list them below.

What medical expense do you expect to incur in the next twelve months that will not be covered by insurance? Examples include eyeglasses, hearing aid batteries, transportation to medical treatment.

List the names and addresses of the pharmacies that you use.

1. **Name:** _____ **Phone:** _____

Address: _____

2. **Name:** _____ **Phone:** _____

Address: _____

Do you have prescription or non-prescription costs that are not covered by insurance? If yes, indicate below. *(If further space is needed, please attach a separate sheet)*

ITEM	MONTHLY COST	PRESCRIPTION	NON PRESCRIPTION

13. Do you have any **dependents** who live with you?
 Yes No

14. Have you or any members of your household **disposed of assets** for less than fair market value during the past two years? Yes No If yes, please describe:

ASSET **APPROXIMATE MARKET VALUE** **DATE DISPOSED**

If further space is needed, please attach a separate sheet

15. **Criminal and Credit Information**

Have you or another member of the household who intends to live in the unit:

- a. Ever been convicted of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past ten (10) years?
____ Yes ____ No
- b. Ever been convicted of a misdemeanor? ____Yes ____No
- c. Ever been convicted of a felony? ____Yes ____No
- d. Ever been evicted from Federally-assisted housing for drug-related criminal activity for three years from the date of eviction?
____ Yes ____ No
- e. Currently engaging in illegal drug use?
____ Yes ____ No
- f. Listed on a state sex offender registration program? ____ Yes ____ No

If the answer is "yes" to any of the above in this section please explain and include date(s) of occurrence: _____

- g. Ever been late in payment of rental or housing payment within the past five years? ____ Yes ____No

If "yes" please explain and include date(s) of occurrence(s).

16. **Have applicant(s) been displaced by:**
- a. **Federal, State or local body or agency?** YES _____ NO _____
 - b. **Presidentially declared disaster?** YES _____ NO _____

17. **Optional Information**

How did you hear about St. John Towers?

- ____ Current resident or resident family member
- ____ Friend
- ____ Employee
- ____ Religious organization
- ____ Information provided by a government agency?
- ____ Advertisement (Where?) _____
- ____ Other _____

Do you plan to use an assistive animal in this facility?

- ____ Yes ____ No

Do you have any special housing needs?

_____ Yes _____ No

18. Applicant(s)' Certification

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD representative. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact St. John Towers in writing every six (6) months should we decide to remain on the List. I/we understand that failure to complete this application in its entirety will result in the rejection of this application.

Signature of Head of Household: _____ **Date** _____

Signature of Spouse / Co-Head: _____ **Date:** _____

Signature of St. John Towers Representative: _____

Date: _____

ST. JOHN TOWERS does not discriminate in any fashion based on a person's race, color, creed, sex, national origin, handicap status, religion, familial status or disability.

When would you like to move in? _____
Date

ST. JOHN TOWERS
INCOME, ASSETS & EXPENSE VERIFICATION INFORMATION
(PLEASE PRINT)

IF YOU DO NOT WISH TO APPLY FOR FINANCIAL ASSISTANCE
NO FINANCIAL INFORMATION WILL BE NEEDED.

IF YOUR INCOME IS BELOW \$32,000 (SINGLE) OR \$36,600 (2-PERSON FAMILY), you MAY qualify for financial assistance. The following information will be needed to determine your eligibility and to determine your rental payment:

Name _____ Social Security no. _____

ALL ENCLOSED INFORMATION MUST BE DATED WITHIN THE PAST 90 DAYS.

A. A Xerox copy of your most recent notification from Social Security, V.A., State, Civil Service, or Military Pension.

B. NAME AND ADDRESS of pension source if retired from private business:

C. NAME AND ADDRESS of other sources of income: (such as rental income, alimony, any regular gifts or contributions from family members, etc.)

D. NAMES AND ADDRESSES of *all* BANKS, SAVINGS INSTITUTIONS, CREDIT UNIONS where you have accounts and/or brokerage firms who are handling stock transactions for you. (Please provide type of account and account number for each and every account you have with each institution.)

<u>Name & Address</u>	<u>Type of account</u>	&	<u>Account Numbers</u>
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E. Real Estate Holdings: _____

Please provide us with a copy of your current year tax notice (if it shows a “market value” on the form), or a current appraisal. *If the house will be rented, provide us with a statement from the renter as to how much rent he/she is paying each month.*

TO ASSIST US IN COMPUTING HOW MUCH MEDICAL CREDIT CAN BE GIVEN YOU, PLEASE COMPLETE THE FOLLOWING INFORMATION:

A. NAMES AND ADDRESSES of all doctors (physicians, dentists, ophthalmologists, etc.,) that you are currently seeing on a REGULAR basis:

1. _____
2. _____
3. _____
4. _____
5. _____

B. NAME AND ADDRESS of the pharmacy that fills your prescriptions:

C. Send us a Xerox copy of current payment coupon for MEDICAL INSURANCE premiums you are paying. If you do not have a coupon dated within the past 90 days showing the premium, please give us the NAME AND ADDRESS of the insurance company:

NAME

D. If you are making monthly payments on outstanding medical bills in addition to any previously listed above, please furnish us the NAME AND ADDRESS for those medical institutions:

1. _____

2. _____

Do you have "Whole" Life Insurance? _____ What is the "surrender value"? _____.

Policy No. _____ Name of Carrier _____

ADDRESS _____.

Do you have "Universal Life Insurance? _____ What is the "surrender value"? _____.

Policy No. _____ Name of Carrier _____

ADDRESS _____.

Have you established a "Trust Fund" for someone? _____ Is it "Revocable"? _____
Irrevocable? _____ When was it established? _____ (Date). Do you receive any income from the
Trust Fund? _____. If so, provide the NAME & ADDRESS of the insurance company

_____ AND the policy

Number for the insurance _____, AND the NAME AND ADDRESS of
the financial institution for the trust.

_____.
AND account number _____.

I/we have have not disposed of assets for less than fair market value
during the last two years.

I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING ASKED AND WILL BE
VERIFIED IN ORDER TO DETERMINE MY/OUR RENT.

Signature of Head of Household

Date _____

Signature of Co-Head/Spouse

Date _____

**CRIMINAL HISTORY RECORD INFORMATION
CONSENT FORM**

USE ONLY PURPOSE CODE E

I hereby authorize St. John Towers to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency*

Full name printed

Address

City

St.

County

Sex

Race

Date of Birth

Social Security Number

Signature

Date

*H & H SERVICES is providing history screening for Wesley Homes, Inc.

WESLEY HOMES INC.
ST. JOHN TOWERS

REFERENCE AUTHORIZATION: PERSONAL

I, _____, expressly authorize the individual(s) listed as personal references to release any information related to my eligibility to meet the lease agreement requirements for housing at St. John Towers to its administration or its representative. A photocopy of this authorization shall be deemed as effective.

Signature _____

Address: _____

Date: _____

This information will become part of the official application

10-04

St. John **TOWERS**

MANDATORY MEAL PROGRAM AGREEMENT

I understand that participation in the St. John Towers' meal program is mandatory and a condition of occupancy.

THIS MUST BE SIGNED AS A PART OF THE APPLICATION PROCESS FOR RESIDENCY AT ST. JOHN TOWERS.

I understand the requirements as stated above:

Signature of Head of Household

Date _____

Signature of co-Head/Spouse

Date _____

** Exemptions to the mandatory meal program may be granted strictly, on case by case bases.*

Name of Property
Address of Property

Project No.

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or

annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. *The five racial categories to choose from are defined below: You may mark one or more.*

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



ST. JOHN TOWERS BACKGROUND INFORMATION

St. John Towers was opened in 1974 in downtown Augusta, Georgia. It is one of nine modern residential facilities for active seniors in North Georgia, which are owned and operated by **The Wesley Woods Center of Emory University**. Wesley Woods Senior Living, Inc. was chartered in the 1950's as a private non-profit organization to provide housing and health care to older adults in North Georgia. From its inception, Wesley Woods has maintained a close relationship with the United Methodist Church. Our facilities, however, serve persons of all denominations.

Governed by a volunteer Board of Trustees, Wesley Woods has always been in the forefront in serving the special needs of aging. The continuum of long term care extends from the independent living facilities scattered over North Georgia, to levels of assisted living and nursing services and ultimately, the nation's only free-standing Geriatric Training and Research Hospital, located in Atlanta. The Emory University School of Geriatric Medicine is located in the Wesley Woods Center and the strong relationship with Emory (especially its Woodruff Health Sciences Center, Candler School of Theology, School of Business and Ethics Center) is positioning Wesley Woods to become a national influence in aging and chronic care.

St. John Towers' residents benefit from the stability and credibility of this program, while experiencing the freedom to enjoy all the privileges retirement living deserves.

There are 266 private one-bedroom apartments, which are available for lease. Food services are provided for the noon meal, six days a week, in the central dining area. Other services include planned activities, 24-hour emergency response, a wellness center, transportation, convenience store, beauty/barber shop, chaplaincy, crafts and hobbies, to name just a few.

The ministry of St. John Towers supports the continued independence of the residents by responding to the social and spiritual needs and wants of older adults. This program is developed and implemented through the combined efforts of residents, staff, family members, a community Advisory Board, community volunteers, and churches.

We appreciate the opportunity to assist you as you make this most important decision.

CRITERIA FOR ADMISSION

- 1) **ALL** applicants **MUST** be 62 years of age or older. Only one spouse of a married couple must meet the age requirement.
- 2) Residents must have the ability to meet the requirements of the lease agreement or obtain the assistance necessary for the following services: Dressing, toileting, bathing, feeding, taking of medications, transferring, mobility and associated tasks, following safety precautions, housekeeping and laundry, meal preparation and cleanup, obtaining transportation, money management, communication, planning and decision making.

Including, but not limited to the following:

- Payment of their rent and all other fees in a timely manner;
- Care for the apartment so as not to cause serious or repeated damage or create physical hazards to the apartment and common areas;
- Relate appropriately to other residents so as not to
 - * *Interfere with the rights and quiet enjoyment of other residents, or*
 - * *Engage in behavior that creates a danger to self and others;*
- Care for personal and business affairs so as not to have unauthorized persons living in the apartment;
- Abide by the House Rules.

St. John Towers is a residential facility containing apartments for people 62 years of age or older ONLY who do not require any type of staff assistance in ambulation, dressing, bathing, meals, etc. Residents will be living in a relatively independent situation.

Certain services will be available, such as a noon meal, 24 hour emergency service and transportation. Since no doctors, nurses or aides will be on duty in the building, a person who moves into St. John Towers cannot expect it to be a care facility. St. John Towers Apartment Community cannot, in fairness to applicants and other residents, accept persons who, because of a physical or mental condition, require some measure of our staff supervision.

If an individual has a need for assisted living, we offer these services at The Plaza Personal Care Center. This facility offers 24-hour oversight, aid with medications, bathing, dressing, 3 meals served daily, housekeeping and laundry services.

ADMISSIONS PROCEDURE

- 1. APPLICATION FOR RESIDENCE** - *The first step to becoming a resident of St. John Towers is returning all forms completing your Application. It is very important that you be thorough in completing these forms. Be sure to SIGN all of them.*
- 2. IF THERE IS A WAITING LIST** - Your name will be placed on our waiting list in accordance with the date your completed application and all completed forms are received.
- 3. REQUIRED INTERVIEW AND VISIT** - You will be required to come in for a visit and be formally interviewed by our staff. An appointment will be made for you and, if possible, *we would like you to be our guest for lunch.* We will obtain additional verifications, as needed, at that time.
- 4. DETERMINATION OF ADMISSION** - Determination of applicants' eligibility in regard to all criteria is to be established after the personal interview, collection of documents and evaluation of all information is completed. Applicants will be notified in writing whether they have met the criteria.
- 5. APARTMENT IS AVAILABLE** - *When you are notified that we have an apartment available, and if you decide to accept the one offered, you must begin paying rent on it the day you sign your lease and pick up your keys, or 14 days from the date the apartment is ready for occupancy, whether you move in on that date or not. If you refuse the apartment, but want to stay on the waiting list, your name will be left on the top. If you refuse the second offer, your name will be placed on the bottom of the list and you must again wait your turn.*

