

| FOR OFFICE USE ONLY              |                      |
|----------------------------------|----------------------|
| Date Application Received:       | _____                |
| Apt. #:                          | _____ MI Date: _____ |
| App:\$ _____                     | Check #: _____       |
| Dep:\$ _____                     | Check#: _____        |
| Rent:\$ _____                    | Agent: _____         |
| Manager Approved: Yes ( ) No ( ) |                      |

Application for Residency – Dorman I, LP North

Full Name: \_\_\_\_\_

**Only fully completed applications can be processed and approved. Please use the checklist below prior to submitting your application to prevent a delay in the processing, which could result in not being able to secure the apartment of your choosing.**

| Application  | Entire Packet |
|--|---------------|
| Photocopy of Birth Certificate or State Driver’s License/ID – proof of age             | You Provide   |
| Copy of Power of Attorney – <i>if applicable</i>                                       | You Provide   |
| Social Security Award Letter for Current Year – 1.800.772.1213                         | You Provide   |
| Pension/Retirement Income Statement for Current Year – Company provided                | You Provide   |
| Checking Account Statement(s) – Most recent 6 months with current interest rate        | You Provide   |
| Savings Account Statement(s) – Most recent 6 months with current interest rate         | You Provide   |
| CD/Money Market Statement(s) – Most recent 6 months with current interest rate         | You Provide   |
| IRA Statement(s) – Most recent 6 months with current interest rate                     | You Provide   |
| Annuity/Stocks/Security Statement(s) – Most recent 6 months with current interest rate | You Provide   |
| Property Tax Statement for Current year  | You Provide   |
| Consent for Credit & Background Check  | Pg. 8-9       |
| Optional Service (s) Form  | Pg. 10-11     |
| Resident Wellbeing Consent Agreement   | Pg. 12        |
| Resident Consent Form for Home Health Provider of Choice                               | Pg. 13-14     |
| Guarantor Form – <i>if applicable</i>  | We Provide    |
| Recurring Gift Verification – <i>if applicable</i>                                     | We Provide    |
| Employment Verification – <i>if applicable</i>   | We Provide    |

The Admissions Committee maintains **STRICT CONFIDENCE** with all information and documentation provided by applicants.



**ELIGIBILITY GUIDELINES FOR RESIDENTS AT THE DORCHESTER**

The Dorchester is an independent senior living community for adults age 55 and older. There are no entrance, buy-in or monthly maintenance fees. Our one-bedroom apartments rent for \$1,158.00 per month. The monthly rent includes electricity, water, trash removal, activities and 24/7 front desk presence. Eligibility for residency of income-restricted apartments will be in accordance with the guidelines set forth by the North Carolina Housing Finance Agency. Financial verification and required reference checks will be necessary to determine qualification. Our staff will guide you through the process of determining eligibility.

1. Applicant must be 55 years of age or older at the time of application.
2. Maximum household yearly income for designated units are as follows:

|                   |               |
|-------------------|---------------|
| <u>Individual</u> | <u>Couple</u> |
| \$43,260          | \$49,440      |

3. All income and assets must be certified as being within the guideline established by the North Carolina Housing Finance Agency. If an applicant household gross monthly income is less than 2X the unit rent, guaranteed co-pay will be required. A credit check and proof of income will be required of the Guarantor.
4. All prospective residents will be screened to 1) identify applicant’s needs with regard to their ability to manage, either independently or with help, relevant household tasks as well as personal care; 2) request assistance with referral for needed supportive services; and 3) determine The Dorchester’s suitability relative to the applicant’s need for supportive services or assistance.
5. To secure an available apartment, prior to an application being processed, a \$500 hold fee must be paid that will be applied to the security deposit. The security deposit is equal to one (1) month’s rent. The remainder of the security deposit must be paid at time of move-in in addition to the rent for the move-in month. The security deposit is refundable if an application is denied or upon move-out as outlined in the lease agreement.

**6. Fees:**

|   |   |
|---|---|
| <b>Application Processing Fee – per applicant</b><br>Non-Refundable <span style="float: right;">\$50</span> | <b>Hold Fee or Waitlist Placement</b> <span style="float: right;">\$500</span><br>Will be applied to the security deposit – refundable. |
| <b>Pet Fee per Pet</b><br>Onetime Nonrefundable – Due at Move-in <span style="float: right;">\$300</span>   | <b>Monthly Pet Rent per Pet</b> <span style="float: right;">\$35</span><br>Per month - Added to monthly rent                            |



7. Unless You obtain our express written permission, You are not permitted to have a dog that weighs, or at adult size will weigh over 25 pounds, or a breed considered to be aggressive, including but not limited to Pit Bulls, German Shepherds, Doberman Pinschers or mixed breeds that are predominantly one of the excluded breeds, fish aquariums exceeding twenty (20) gallons in volume, birds, rodents (including gerbils, guinea pigs, mice, rabbits, ferrets, etc.), reptiles (lizards, snakes, etc.), insects (ants, bees, etc.), or arachnids (spiders, scorpions, etc.) (except for Exempt Animals). See Pet Addendum in Lease for all guidelines regarding having a pet at the property.



Application for Residency

Primary Resident

Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Current Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Co-Occupant *(if applicable)*

Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Address: \_\_\_\_\_  
(if different from Primary Resident) (Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Current Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Primary Resident: \_\_\_\_\_



Financial Information

Asset Information

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the assets. An asset is defined as any lump sum amount that you hold access to.

Include the value of the asset and corresponding income from the asset in the space provided.

\*\*\*Please note all account statement(s) must be complete/full statement(s).

Checking or Savings Accounts? Yes ( ) No ( )

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |

CDs, IRAs, Money Market Accounts or Treasury Bills? Yes ( ) No ( )

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |

Stocks, Bonds or Securities? Yes ( ) No ( )

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |

Trust Funds? Yes ( ) No ( )

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |



## Financial Information *(continued)*

### Real Estate

Real Estate, rental property, land contracts/contract for deed or other real estate holdings? This includes your personal residence, mobile home, vacant land, farms, vacation homes, or commercial property.

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
|               |                         |               |
|               |                         |               |
|               |                         |               |

### Disposal of Assets

Disposed of or given away asset(s) for less than fair market value within the past two (2) years?

Yes (  ) No (  )

Household Member: \_\_\_\_\_

Amount: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_



## Financial Information *(continued)*

### Income Information

Include all income anticipated for the next 12 months. Include the gross dollar amount in the space provided.

Social Security, SSI or other payments from SSA?

Yes ( ) No ( )

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |

Veteran's Benefits, Pensions or retirement benefits?

Yes ( ) No ( )

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |

Regular gifts or payments from anyone outside the household?  
*(This includes supplements from family or others)*

Yes ( ) No ( )

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |

Employment wages or salaries?

Yes ( ) No ( )

*(This includes part-time or seasonal employment)*

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |



Financial Information *(continued)*

Self-Employment? Yes ( ) No ( )

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |

Alimony? Yes ( ) No ( )

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |

Payments from Rental Property, land contracts or other real estate? Yes ( ) No ( )

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |

Any other sources of income or types not listed? Yes ( ) No ( )  
*(including land owned, developed or undeveloped)*

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |
| _____         | _____                   | _____         |



**DON'T FORGET:** Be sure to consult the check-list to determine what financial documents need to be handed in with your application in order for it to be complete





### Consent for Credit & Background Check

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below without liability, to release information regarding employment, income, and/or assets to Dorman I, LP for the purpose of verifying information on my/our apartment rental application.

**Information Covered:**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, income and assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my/our eligibility for and continued as a Qualified Tenant(s).

**Source of Information:**

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past & Present Employers Welfare  
Agencies  
Veterans Administration State  
Unemployment Agencies  
Retirement Systems

Previous Landlords  
Social Security Administration  
Banks & Financial Institutions  
Support & Alimony Providers  
Medical & Child Care Providers

**Conditions**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.



### Consent for Credit & Background Check

**Signature for Authorization:**

I/We understand that management is relying on this information to prove eligibility for the North Carolina Housing Finance Agency. I/We certify that all information and answers to the above questions are true and complete to the best of my/our knowledge. I/We consent to release the necessary information to determine eligibility for occupancy. I/We understand that providing false information or making false statements may be grounds for denial of this application. I/We also understand that such action may result in criminal penalties. I/We authorize consent to have management verify the information contained in this application.

I/We will provide all necessary information including source names, addresses, phone numbers, account numbers (where applicable), and any other information required for expediting this process. I/We understand that occupancy is contingent on meeting management’s resident selection criteria and the North Carolina Housing Finance Agency requirements.

I/We authorize consent to have management verify the information contained in this application for purposes of processing this application. I/We authorize and understand that a background check and a credit check will be required in the processing and acceptance of this application.

|                               |                            |              |
|-------------------------------|----------------------------|--------------|
| Primary Resident Printed Name | Primary Resident Signature | Today’s Date |
|-------------------------------|----------------------------|--------------|

|                          |                       |              |
|--------------------------|-----------------------|--------------|
| Co-Occupant Printed Name | Co-Occupant Signature | Today’s Date |
|--------------------------|-----------------------|--------------|



### Optional Services

Please initial next to the optional services you would like to add to your apartment. You are not required to elect for any of these additional services or incur their fees, they are completely optional. By initialing next to a service, you are agreeing to the one-time or monthly fee; anything you select now may be cancelled at any time with a written 30-day paid-thru notice.

| Initials | Optional Service  | Fee  |
|----------|---|--|
|          | <b>Spectrum Cable &amp; Wi-Fi*</b><br><br>The Dorchester purchases bulk cable from Spectrum and as such is able to pass along the savings to residents.   | \$80/month   |
|          | <b>HOUSEKEEPING - À LA CARTE</b><br>Housekeeping is available one-time, weekly, bi-weekly or monthly. Our professional and pre-screened team members will provide the service on a schedule that is convenient to the resident. One-time pricing:<br><br>\$35.00   1 Bed   Dorchester<br>\$45.00   2 Bed   Dorchester<br>\$50.00   1 Bed   Manor<br>\$55.00   2 Bed   Manor   |  |
|          | <b>Meal Plan</b><br>I would like to enroll in a lunch, dinner or combined lunch & dinner meal plan. I understand the fees associates with this service will be added to my monthly rent statement. Lunch cost per meal varies. Dinner items are priced \$9-\$12/meal.<br>I would like to have (circle one):<br><i>Option 1 for the Light Eater: \$170 per month +\$10 Bonus Credit</i><br><i>Option 2 for the Average Eater: \$240 per month+\$15 Bonus Credit</i><br><i>Option 3 for the Regular Diner: \$400 per month-+25 Bonus Credit</i> | \$170/month<br><br>\$240/month<br><br>\$400/month      |
|          | <b>Storage Unit (circle one)</b><br>I would like to lease a storage unit.<br>XL Storage Unit<br>Large Storage Unit<br>Medium Storage Unit<br>Small Storage Unit<br><i>Storage units are in high-demand and are based on availability.</i>   | \$125/month<br>\$100/month<br>\$85/month<br>\$65/month |



**Spectrum Cable Request**

Please fill out this form if you wish to have Spectrum Cable installed in your apartment. Completing this form with the application will allow for a cable install date on or soon after the resident's move-in date. This is an additional \$80.00 per month that will be added to your monthly rent of \$1085.00.

Primary Resident's Name: \_\_\_\_\_

Driver's License /State ID Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I understand that I am responsible for leaving the cable box(es) in the apartment after vacating if I do not elect to take the box with them to my new residence. Spectrum Cable will retrieve the box from The Dorchester. The above information is requested to allow Spectrum Cable to contact me in the event the box is not returned.

\_\_\_\_\_  
Primary Resident's Signature

|                            |   |
|----------------------------|---|
| <b>OFFICE USE ONLY</b>     |   |
| <b>Resident's Address:</b> | _____ 12920 Dorman Road _____ Apt. _____<br>_____ Pineville, NC 28134 _____ |
| <b>Move-in Date:</b> _____ | <b>Requested Cable Install Date:</b> _____                                  |



**Resident Wellbeing Consent Agreement**

**This form must be completed by family or friend; cannot be completed by future resident.**

I, \_\_\_\_\_ (consenting party), hereby agree that in the event the Lease Agreement between \_\_\_\_\_ (resident) and The Dorchester (landlord) is terminated by either party in writing because of a physical or mental decline of the Resident, the aforementioned Consenting Party will be responsible for the removal of the Resident and their personal possessions from apartment # \_\_\_\_\_.

I, \_\_\_\_\_ (consenting party), hereby acknowledge that I will also be responsible for the Resident in the event the Resident experiences a drastic change in mental or physical health as witnessed by myself or reported by The Dorchester staff. I agree to seek appropriate medical care for the Resident and acknowledge that a statement from the Resident’s physician indicating that he/she is capable of living in an independent setting will be required or the lease will be terminated according to the lease agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Best Contact Phone Number(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred Method of Contact: Phone                  E-mail

Relationship to Resident: \_\_\_\_\_



**RESIDENT CONSENT FORM FOR HOME HEALTH PROVIDER OF CHOICE**

Resident Name \_\_\_\_\_

Date \_\_\_\_\_

Dear **Dorchester** Residents and Families,

In an effort to provide the best possible service to our residents, we have partnered with BAYADA Home Health Care for our residents' home health care and rehabilitative services. These are optional services for you, but we highly encourage each resident to take advantage of the clinical expertise of the BAYADA team. Please read the statements below and sign if you are in agreement.



Resident Consent:

I understand that I have the right to choose my health care providers and may change my choice at any time. I understand that should I choose a home health care provider other than BAYADA, my choice will be honored.

During the period that I have elected to have Bayada act as my home health care provider, I hereby authorize the staff of **The Dorchester** to obtain and release any clinically necessary information about my health to BAYADA employees involved in my care and/or the coordination of my home health care and /or rehabilitation services.

Should I be hospitalized at any time for any reason, I hereby authorize the staff of **The Dorchester** to obtain and release any clinically necessary information about my health to BAYADA so that a BAYADA representative may visit me in the hospital to coordinate my home health care needs and to communicate with my physicians on my behalf.

I hereby authorize BAYADA to contact me to conduct a screening of my home health care, rehabilitation and/or safety needs upon my move into **The Dorchester**.

I hereby authorize BAYADA to contact me periodically, no more than twice a year, to offer fitness and wellness screening.



**INFORMED CONSENT**

I have read and understand the above information and consent to each statement. I further acknowledge that I hereby choose BAYADA Home Health Care, Inc. as my Home Health Provider of Choice.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

If applicable,

Power of Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_

POA Printed Name: \_\_\_\_\_

I decline the services offered by Bayada Home Health Care, Inc. at this time.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

If applicable,

Power of Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_

POA Printed Name: \_\_\_\_\_

