

Name(s) in Full: Applicant a. _____

Applicant b. _____

Present Address: a. _____

b. _____

Telephone: a. _____ b. _____

Email: a. _____ b. _____

Date of Birth: a. _____ b. _____

Lifetime Occupation: _____

Religious Preference: _____

Marital Status (circle one): Married Widowed Divorced Single Other: _____

Children (name, telephone, and email):

Pets: Cat Bird Fish Dog/Breed: _____

The information you provide here will help us determine if you meet financial residency requirements at Horizon House. The entrance and monthly fees shall be in accordance with the fee schedule in effect when you commence your occupancy. A \$2,000 deposit included with this application will place you on the future resident list and will be applied in full to the entrance fee upon acceptance. Our policy is to consider applications for admissions in the order received. Should you be unable to successfully complete the financial review, the full application fee is refundable. Should you decide to withdraw from the future resident list prior to acceptance or in the case of death prior to occupancy, \$1700 of the deposit is refundable to the applicant or to their estate. Horizon House retains a non-refundable \$300 application fee. We reserve the right to modify this order if deemed necessary.

SEE OTHER SIDE

FINANCIAL INFORMATION

Please fill out spaces that are applicable

applicant a.

applicant b.

Amount of monthly Social Security: _____

Monthly pension or annuity: _____

If a two-party application: What amount of monthly pension or annuity continues to survivor? _____

Total value of IRA, 401k or 403B: _____

Investments/stock and bond values: _____

Retirement distribution (RMD or actual annual): _____

Other income per month: _____

Source of other income: _____

Current monthly expenses: _____

Real estate equity: _____

Current cash value of life insurance: _____

Other cash, including bank accounts: _____

Liabilities: _____

Estimated net worth: _____

Do you have a long-term care insurance policy (circle one): yes no

What is the benefit period? _____

Known daily benefit/maximum amount: _____

Apartment preference (circle all that apply):

Studio	1 bedroom/1 bath	1 bedroom/1.5 bath
1 bedroom/1.5 bath/den	2 bedroom/1 bath	2 bedroom/1.5 bath
2 bedroom/2 bath	2 bedroom/2 bath/den	Penthouse

Desired Location(s), if any (circle choices):

Central/East Tower West Tower North Tower

How did you hear about Horizon House? (circle choices):

Website Advertisement Friend/Word of mouth Other: _____

Anticipated move (circle one):

Less than one year 1-2 years 2-3 years Other: _____

Signature:

Applicant: _____ Applicant: _____

Sales Dept: _____ Date Received: _____

Make check payable to: Horizon House, 900 University St., Seattle, WA 98101.

For payment via credit card, please call 206-382-3100

For office use only: Deposit Number _____ Amount _____ Date Paid _____