



January 1, 2023

Dear Applicant,

Thank you for your interest in the Chenango Valley Apartments.

The Chenango Valley Home was established in 1896 on a charitable philosophy which continues today. Over the years, the ability for us to carry on this financial strategy results from the generous gifts from residents and families used to increase our endowment fund. We are a non-profit organization, and the cost of operations exceeds the amount received in rental income.

Our mission is to provide a pleasant living environment that is safe and stimulating.

The cost for residents living in our independent apartments is a monthly rental fee according to the schedule below. This is inclusive of heat, electric, Cable TV, laundry facility, additional storage area, light monthly housekeeping services, daily continental breakfast, daily dinner, entertainment, social and other activities to enrich each day. Apartment residents receive priority for placement to our Home if the need arises.

One bedroom	\$2,600.
Two bedrooms	\$2,800.
Additional person fee	\$ 750.

An entrance fee of \$8,000 is required for admission to the Apartments. This fee is refundable on a prorated basis if a resident leaves during the first year and has also helped us to maintain our low rates. There is a \$50.00 monthly fee for a reserved parking space if applicant has a vehicle.

Please feel free to contact us if you have questions or if we may be of further service to you.

Sincerely,

A handwritten signature in black ink that reads "Jennifer V. Randall".

Jennifer V. Randall
Executive Director

Application for Apartment Residency

The undersigned hereby makes application for residency to **The Chenango Valley Apartments** (hereinafter “The Apartments”) and represents the following statements and information contained herein are true and correct. This application shall become part of any subsequent **Agreement** entered between the applicant and The Apartments. The applicant understands there is an entrance fee of \$8,000* per resident due and payable at the time of admission to The Apartments. This entrance fee is refundable on a prorated basis over the duration of the first year of residency. The entrance fee will not be refundable after the first year of residency. If the tenant later decides to transfer to The Chenango Valley Home (“The Home”) for assisted living services, this fee is transferrable, but will not then become subject to any policies of The Home regarding refunds of entrance fees.

The currently monthly rental rates are:

1 Bedroom apartment -\$2,600.

2 Bedroom apartment - \$2,800.

There is an additional fee for a second person living in the same apartment:

Second Person Fee - \$ 750.

*All fees listed above are subject to change. Please verify the correct fees with The Apartments prior to submitting this application.

The Chenango Valley Apartments are Tobacco and Smoke and Pet Free Environments

24 Canasawacta Street., Norwich, NY 13815 Ph:(607) 334-6598 Fax: (607) 336-6625

www.chenangovalleyhome.org



Application for Residency – Part I

If two individuals are applying for residency, separate applications must be completed.

Date: _____

Last Name First Name MI SSN

Maiden name: _____ Date of Birth: _____
(if applicable)

Current Address City/Town State & Zip code

Telephone: _____ Cell: _____

What is your marital status? (At least one person must be at least 65 years of age)

Married Widowed Divorced Single

If married, name of spouse: _____

Do you have children? If yes, please state their names, address and phone number:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

If possible, please provide the names of two living relatives, other than children.

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Do you have an automobile? Yes No

Do you plan to keep this automobile at The Apartments? Yes No

Do you currently own your own home? Yes No

If yes, do you plan to sell it or otherwise dispose of your home, prior to your admission to The Apartments? Yes No

Are you currently a resident of Chenango County? Yes No

If yes, how long? _____

If no, are you related to a resident of Chenango County? If yes, please list:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

May we contact them? Yes No

Are you related in any way to any person who is presently employed by The Chenango Valley Apartments? Yes No If yes, please list below:

Name: _____ Name: _____

Are you related in any way to any person who is on the Board of Directors of The Chenango Valley Apartments? Yes No If yes, please list below:

Name: _____ Name: _____



Application for Apartment Residency – Part II

Please list two references, other than relatives, who can provide the Admissions Committee with information relating to your character:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Please use the following space below to provide any additional information you would like to present for considering your application for The Apartments:

Thank you for your application to The Chenango Valley Apartments.

Application for Apartment Residency – Part III

Confidential Financial Statement

Applicant Name: _____

Regular Monthly Income:

Social Security _____

Pension _____

Investment Interest _____

Investment Dividends _____

Mortgage/Rental Income _____

IRA Income _____

Trust/Estate Income _____

Other monthly Income _____

Total Monthly Income _____

Assets:

Cash (Savings & Checking) _____

CD's, Money Markets, Etc. _____

Stocks and Bonds _____

IRA's, Annuities, Etc. _____

Home _____

Other Real Estate _____

Trust Fund _____

Life Insurance _____

Other Assets _____

Total Assets _____

Declaration of Application

In completing this application for residency, I affirm that the answers to the above questions are complete and accurate to the best of my knowledge. I understand that failure to provide accurate, truthful and complete information on this application is grounds for discharge from The Apartments. I understand that the filing of this



application does not obligate me to enter The Apartments, nor does it guarantee me admission to The Apartments.

The Apartments are designed for independent living and are not designed for individuals who are not self-directing. Consequently, The Apartments are not licensed for the personal or medical care of individual residents. I understand that the Board of Directors of The Chenango Valley Home & Apartments reserves the right to terminate my residency and assist my family in transferring me to a more appropriate adult care facility should my health or mental condition so warrant.

I understand that an entrance fee of \$8,000 per resident is due upon admission to The Apartments. I understand that termination of residency during the first twelve months of residency shall be accompanied by a refund of the balance of the entrance fee after deducting 1/12th for each month of residency and any outstanding charges. I agree to pay the monthly rental fee on the first day of each and every month. The Apartments agrees to give me 30 days' notice of increases to the monthly fees.

Applicant's Signature

Date

Application Terms:

As part of this application, you will need to submit the **Application for Residency - Part II**; the **Confidential Financial Statement**; Copies of your Federal Income Tax Return for the preceding two (2) years; and Copies latest monthly statement of each bank account and brokerage account listed in the financial statement.

All documents will be regarded as confidential and will be reviewed only by members of the Admissions Committee and/or Administrator.



**CHENANGO VALLEY HOME & APARTMENTS
REPORT**

CONFIDENTIAL MEDICAL

All the information on this Medical Form is collected to determine eligibility for senior housing with Chenango Valley Home & Apartment in accordance with the Freedom of Information & Protection of Privacy Act. Please note: Co-Applicants must fill out a medical report as well.

Name of Applicant: _____

Date of Birth _____

I, _____ hereby authorize my physician to release the medical information on this form to Chenango Valley Home & Apartments.

X _____ Signature of Applicant

PHYSICAL EXAMINATION Mobility:

Walks without help _____ Walks with help _____ Uses wheelchair _____

Is there a communication difficulty? Yes No If yes, please explain _____

ACTIVITIES OF DAILY LIFE

Are there any concerns with incontinence? Yes No

Is the applicant able to prepare his/her own meals? Yes No

Is the applicant able to do his/her own housekeeping as required? Yes No

Can the applicant manage his/her own personal hygiene? Yes No

INDEPENDENCE FACTORS

Does the applicant have any mental health issues? Yes No

Does the applicant show any signs of dementia? Yes No

Does the applicant have a history of alcohol or substance abuse? Yes No

Has the applicant been diagnosed with any deteriorating physical or mental health medical condition(s) that may impair his/her ability to manage independently at present or in the near future? Yes No

If Yes, please explain and provide a list of any family or community supports that are available to the applicant in order to maintain their ability to live independently in an apartment setting.

_____ Do you consider this applicant to be suitable mentally and physically to look after himself/herself in an apartment building where no special care, nursing care, or special diets are available? Yes No

If No, please explain what supports are required by the applicant and if these supports are already in place for the applicant. If the supports are not in place, are you able to make a referral for the applicant?

Name of Examining Physician (Please Print) _____

Physician's Signature: _____

Date: _____

Telephone Number: _____ How long has applicant been your patient? _____

Any charge for the completion of this form is the responsibility of the applicant. This Medical Report is valid for one year only.



Acknowledgement and Release

By naming the individuals in the Confidential Medical Report, applicant consents to the release of information between Chenango Valley Home & Apartments staff and this individual regarding the applicant's health, safety, well-being and / or ability to live independently in an apartment setting I understand that this is just part of an application and that it is not an agreement for lease on the part of Chenango Valley Home & Apartments, or its agents, to provide me with rental accommodation. I further acknowledge the right of Chenango Valley Home & Apartments, or its agents, at any time prior to the execution and delivery to me of a lease, to withdraw, or cancel, without penalty or liability for damages or otherwise, any prior approval of this application. I authorize Chenango Valley Home & Apartments, or its agents to investigate any or all the statements made by me in this application, being fully aware that discovery of any false statements shall cancel any further consideration of my application. I further agree that I am obligated to advise Chenango Valley Home & Apartments, or its agents, in writing, of any changes in health, family composition, gross family income, assets, employment or change of address, should they occur. I understand that the attached medical form must be completed and received by Chenango Valley Home & Apartments

X _____ X _____ X _____

Printed Name of Applicant

Signature of Applicant

Date