



FOR ADMISSION OFFICE USE ONLY

Applicant

Last first middle

Date \_\_\_\_\_ Time \_\_\_\_\_

**Please return to:**

Noble Horizons  
17 Cobble Rd. Salisbury, CT 06068  
Phone: 860-435-9851  
Fax: 860-435-8174  
[www.noblehorizons.org](http://www.noblehorizons.org)

Thank you for choosing Noble Horizons regarding your desire to become a future resident. After you complete and return this form your name will be placed on our cottage waitlist. A full application will be required prior to your move to Noble Horizons.

How did you hear about Noble? Family/Friend  Noble Event  Ads  other (explain)

Please indicate cottage preference:

One-bedroom  Two-bedroom  Large two-bedroom  Cobble

**Applicant Information**

Mr. Mrs. Ms. Miss

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Married  Single  Widowed  Divorced

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

*Please continue to next page.*

**Contact information**

Please list the names of two family members or trusted friends who Noble Horizons can call if we are unable to contact you.

1. Name/Relationship\_\_\_\_\_

Mailing Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

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

Phone (home) \_\_\_\_\_ (Cell) \_\_\_\_\_

2. Name/Relationship\_\_\_\_\_

Mailing Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

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

Phone (home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Confidential Financial Statement**

Noble Horizons asks that you complete the financial section of this application. Should you have any questions or concerns, please contact admissions. This statement must be expanded and updated prior to the time of admission.

**Assets:**

Checking \$\_\_\_\_\_

Real Estate\$\_\_\_\_\_

Savings \$\_\_\_\_\_

Investments \$\_\_\_\_\_

Stocks & Bonds \$\_\_\_\_\_

Annuities \$\_\_\_\_\_

**Total Assets \$\_\_\_\_\_**

**Monthly income:**

Social Security \$\_\_\_\_\_

Pensions & Retirement \$\_\_\_\_\_

Investments \$\_\_\_\_\_

Dividend \$\_\_\_\_\_

Other \$\_\_\_\_\_

**Total monthly income \$\_\_\_\_\_**

Are there any obligations against any of these assets? Yes  No

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

Who will pay your bill? Myself  Other

If other, please provide the information.

Name\_\_\_\_\_

Mailing Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Phone (home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email\_\_\_\_\_

Please continue to next page.

The information presented in this application is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verification. I understand that misinformation or failure to report changes in information shall constitute grounds for rejection of my application.

*Signature of applicant*

Date

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**Privacy Information**

The information on this application remains confidential. You, your family and friends will receive mailings which include Noble Horizons publication and annual appeals unless you direct otherwise.

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Please contact Lynn Famiglietti RN, Director of Wellness & Fitness & Admissions, at 860-435-9851 ext 132 or by email [lfamiglietti@churchhomes.org](mailto:lfamiglietti@churchhomes.org) with any questions.