



Cottage Wait List Application

Please return to:

Noble Horizons 17 Cobble Road Salisbury, CT 06068
860-435-9851 Fax: 860-435-2323 www.noblehorizons.org

FOR ADMISSIONS OFFICE USE ONLY

Applicant

<i>last</i> _____ <i>first</i> _____ <i>middle</i> _____
Date _____ Time _____

Thank you for contacting 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 wait list. 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 Expanded Two-Bedroom

Applicant Information

Mr. Mrs. Miss

Ms. Dr. Rev. Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone (home) _____ (business) _____

Cell _____ Email _____

Date of Birth _____ Married Single Widowed Divorced

Social Security # _____

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 _____

Home Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____

2. Name _____

Home Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____

Confidential Financial Statement

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

please complete next page

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 below.

Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone (home) _____ (business) _____

Cell _____ Email _____

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 the rejection of my application.

Signature of applicant _____ Date _____

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.

Please contact Linda Castaldi, Director of Admissions, at 860-435-9851, ext. 160 or by email lcastaldi@churchhomes.org with any questions.

For Office Use Only

_____ Date _____

_____ Date _____