



WAIT LIST APPLICATION

Confidentiality Statement

Glenmeadow shall hold confidential data information in strictest confidence and agree that it shall be used only for the contemplated purposes of approval and continued residency/membership in any of our programs and shall not be used for any other purpose, or disclosed to any third party.



Thank you for choosing Glenmeadow as your future home! All documents must be submitted in order to review your application for our Waiting List. We are always happy to help you collect this information and make copies for you.

- Glenmeadow General Information Form.
- Confidential Data Application.
 - Most recent Federal Income Tax Statement.
 - Bank, investment or other asset statements.
 - Copy of any trust documents.
 - Copy of any long-term care insurance policies (when applicable).
- W-9 Form
- Copy of your Durable Power of Attorney.
- Copy of your Living Will/Advanced Directives.
- Copy of your Medical Proxy/Power of Attorney.
- Sign and complete the Wait List Agreement.
- Include a check for \$3,000 made payable to Glenmeadow.

General Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell phone: _____

E-Mail Address: _____

Relationship Status: _____ Gender: _____

Date of Birth: _____ Social Security Number: ___-__-____

Veteran? _____ If Yes, Branch: _____

Durable Power of Attorney (Financial):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Relationship to Applicant: _____

Billing Party: If you will be receiving all invoices, please write "self."

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Relationship to Applicant: _____

Health Care Proxy (Medical Power of Attorney):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Relationship to Resident: _____

Do you have any of the following documents? If yes, please include a copy with your application:

___DNR/POLST ___Living Will ___Advanced Directives

Emergency Contact:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Relationship to Applicant: _____

Alternate Emergency Contact:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Relationship to Applicant: _____

Medical Information:

Medicare Part A #: _____ Medicare Part B #: _____

Supplemental Insurance Name: _____

Policy #: _____ State Issued: _____

Group Name: _____ Group #: _____

Prescription Plan Name: _____ Number: _____

Primary Care Provider:

Physician's Name: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Specialty Physician's Name: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Specialty Physician's Name: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Please feel free to add additional Specialty Physicians to the back of this form.

Please list all medications and supplements that you use on a regular basis:

Have you been diagnosed with any of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Dementia/Mild Cognitive Impairment (MCI) |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke/Mini-stroke |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Asthma/Emphysema | <input type="checkbox"/> Alzheimer's Disease | |
| <input type="checkbox"/> Depression | | |

Have you had the following Vaccinations?

Pneumovax: YES NO

Covid 19 and all supplemental boosters: YES NO

Do you have any of the following allergies to the following:

Food: _____

Medications: _____

Pets/Animals: _____

Other: _____

Have you visited the Emergency Room in the last year? If yes, why?

Have you had any falls in the last year? If yes, what were the circumstances?

Please feel free to use the back of this application to add any additional information.

List Hospitalizations (Year and Reason) within the Past 4 Years:

Emergency Department Visits in the Past Year:

Number of Visits: _____

Reason for Emergency Department Visit(s):

Do you receive assistance with any of the following Acts of Daily Living? Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Feeding/Cooking | <input type="checkbox"/> Meal Preparation |
| <input type="checkbox"/> Dressing/Grooming | <input type="checkbox"/> Housecleaning/Home Maintenance |
| <input type="checkbox"/> Toileting | <input type="checkbox"/> Managing Communications/Calendar |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Managing Medication |
| <input type="checkbox"/> Transferring | |
| <input type="checkbox"/> Managing Finances | |
| <input type="checkbox"/> Managing Transportation | |

Have you had any major surgeries including any joint replacements? If yes, please describe:

I understand that the approval to be on the Wait List for Glenmeadow is not a guarantee of future residency. A complete application will need to be supplied and evaluated at the time an apartment is offered to you.

Signature

Date



Confidential Data Application

Financial Information Form

FIRST PERSON NAME: _____ TELEPHONE #: _____

DATE OF BIRTH: _____

ADDRESS: _____

STREET CITY STATE ZIP

RELATIONSHIP STATUS: SINGLE MARRIED/PARTNER WIDOWED DIVORCED

SOCIAL SECURITY # _____ - _____ - _____

SECOND PERSON NAME: _____

RELATIONSHIP TO FIRST PERSON: _____

DATE OF BIRTH: _____

SOCIAL SECURITY # _____ - _____ - _____

ASSETS (Note: If jointly owned enter under First Person and designate with a "J")

	First Person	Second Person
1. Equity in Residence (Estimated Value less Mortgage)	\$ _____	\$ _____
2. Checking, Savings & CD's	\$ _____	\$ _____
3. Stocks & Bonds	\$ _____	\$ _____
4. Trusts & Estate Equities Available for use	\$ _____	\$ _____
5. Other Real Estate Equities	\$ _____	\$ _____
6. Other _____ (Please define)	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____
TOTAL COMBINED ASSETS	\$ _____	

MONTHLY INCOME (Note: If either person has survivor benefits, indicate by entering the percentage after filling in the monthly amount. Does your pension/retirement income allow for annual adjustment of your monthly income based on the Consumer Price Index? Yes _____ No _____)

7. Social Security	\$ _____	\$ _____
8. Pension/Retirement Income	\$ _____	\$ _____
9. Interest	\$ _____	\$ _____
10. Dividends	\$ _____	\$ _____
11. Other _____ (Please define)	\$ _____	\$ _____
12. Other _____ (Please define)	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____
TOTAL COMBINED INCOME	\$ _____	

PLEASE LIST ANY DEBTS (e.g., MORTGAGE) OR LIABILITIES IN EXCESS OF \$5,000.

_____	\$ _____
_____	\$ _____
_____	\$ _____

PLEASE INCLUDE ANY COMMENTS REGARDING THE FINANACIAL INFORMATION LISTED.

(PLEASE IDENTIFY LINE ITEM #)

		1 ST PERSON		2 ND PERSON
DO YOU HAVE LONG TERM CARE INSURANCE?	YES	NO	YES	NO

IF **YES**, PLEASE PROVIDE A COPY OF POLICY.

PLEASE GIVE NAME, ADDRESS AND TELEPHONE OF CHILDREN OR NEAREST RELATIVES.

1. _____
2. _____
3. _____

I understand that prior to accepting this application, the Approval Committee may request additional information concerning my finances. I hereby declare that all statements made herein and other information provided are true according to my best knowledge and belief, in witness thereof I have hereto set my hand to this application this day _____ of _____, _____(Year).

First Person

Second Person

**** PLEASE INCLUDE LAST YEAR'S TAX RETURN AND ALL SUPPORTING FINANCIAL DOCUMENTS WITH THE APPLICATION.**

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ► _____	(Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
							-				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Glenmeadow
WAIT LIST AGREEMENT

1. This Agreement is made and entered into this _____ day of _____, 202____ by and between Glenmeadow, Inc., a not-for-profit Massachusetts corporation and _____ (“you” or the “Applicant”).
If two people enter into this Agreement, each or the survivor is deemed the Applicant.
2. Under the terms of this Agreement you shall be put on a Wait List for the following type of apartment(s) at Glenmeadow: _____.
3. As a condition to this Agreement, you shall pay a Wait List Deposit of Three Thousand Dollars (\$3,000), made payable to Glenmeadow. The deposit shall be placed in escrow and will accrue interest at the bank’s current money market rate.
4. Glenmeadow will place your name on the Wait List for the type of apartment you specified, in the order in which the Wait List Deposit is received. The Entrance Fee you pay upon acceptance for residency will be the Entrance Fee in effect on the date of occupancy.
5. When the type of apartment listed above in paragraph 2 becomes available, Glenmeadow shall make a good faith effort to notify you of the apartment’s availability. You will have seven (7) days from that date of contact to reserve the apartment by executing a Reservation Agreement and Confidential Data Application. After your third apartment offer, your name will fall to the bottom of the list. The monthly service fee applicable to the apartment will also be specified and subject to adjustment as provided in the Residency Agreement.
6. If you do not reserve the apartment within seven (7) days from the date of contact, then Glenmeadow will consider this as a refusal by you.
7. You may terminate this Agreement at any time by notifying Glenmeadow in writing. Within fourteen (14) days from receipt of your notice of termination, Glenmeadow will refund your Wait List Deposit, plus accrued interest, less a processing fee of Five Hundred Dollars (\$500.00).
8. If your death or other catastrophic event (as decided by the President) occurs while you are on the Wait List, this Agreement will automatically terminate and a refund shall be paid to you or your estate of the full Deposit plus accrued interest. If there are joint Applicants to this Agreement and one Applicant dies, this Agreement shall continue with the surviving Applicant. If the surviving Applicant then desires an apartment type other than the type specified in paragraph 2, this Agreement may be amended.
9. This Agreement pertains only to your position on the Wait List and the order in which the apartments will be offered for occupancy. You understand that Glenmeadow may refuse to accept your Residency Agreement if, in the discretion of the President, at the time an apartment becomes available for occupancy:
 - (i) You no longer meet the criteria for residency (as defined in the Residency Agreement);
 - (ii) You have misrepresented information on the Confidential Data Application; or
 - (iii) You have transferred property or funds such that your ability to meet the financial obligations to Glenmeadow is impaired.

10. All written correspondence to Glenmeadow should be addressed to: President, Glenmeadow, 24 Tabor Crossing, Longmeadow, MA 01106.

All written correspondence from Glenmeadow to you will be sent to your address written below, unless you otherwise instruct the President in writing.

11. This Agreement has been signed by Glenmeadow’s President or by the Chairperson of Glenmeadow, Inc. acting in that representative capacity. No persons affiliated with Glenmeadow, Inc. shall have any personal obligation to the Applicant under this Agreement.

12. Prior to your execution of this Agreement, Glenmeadow provided you with, and you hereby acknowledge receipt of, a Disclosure Statement in conformance with the laws of the Commonwealth of Massachusetts. It is in your best interest to review this material prior to signing this Agreement.

GLENMEADOW:

By: _____

Date

Title

APPLICANTS):

Witness

Signature of Applicant

Print Name

Social Security Number

Street Address

City State/Zip Code

Telephone

Witness

Signature of 2nd Applicant (if applicable)

Print Name

Social Security Number