



Priority Application Form

Fort Howard Senior Housing Associates
P.O Box 33394, Washington, DC 20033-3394

Name of Veteran Last First Middle Living Deceased

Rank Date of Birth Social Security Number

Name of Spouse/Widow/ Widower Last First Middle

Date of Birth Social Security Number

Address Street Apt# City/State/Zip code

Phone Home Office Cell

Basis of Eligibility

- Retired U.S. Military, Naval, or Air Service Officer with \_\_\_ years active duty and other than dishonorably discharged
Widow/Widower of retired U.S. Military, Naval or Air Service with \_\_\_ years active duty and other than dishonorably discharged
Other (please describe)

Type of Living Unit Preferred (Check the housing type you are interested in and then rate according to preference)

- Active Living Studio Apt Two-Bedroom Apt Affordable One-Bedroom One-Bedroom Apt Cottage/Duplex Affordable Two-Bedroom
Independent Living Studio Apt Two-Bedroom Apt One-Bedroom Apt
Assisted Living Studio Apt Two-Bedroom Apt One-Bedroom Apt Alzheimer Care Yes No
Skilled Nursing Private Room Semi-Private
Do you have Medicare? Do you have Medicaid?

Marina Check here if you are interested in renting a marina slip

Anticipated Date of Entry (For planning purposes only)

At this time, I/we anticipate entering Bayside at Fort Howard
within one year in 1-3 years in 3 or more years

Priority Holder Fee Single: \$500.00 Couple: \$750.00

I/we are enclosing a check for \$\_\_\_\_\_, payable to Bayside at Fort Howard

I/we understand that following the processing of this application, I/we will be assigned a priority number for future admission to Bayside.

Signatures

Applicant Spouse Date

[In order to help us validate your eligibility for entrance to Bayside, please enclose a copy of your Veterans Identification Card. For spouses, please enclose a copy of your marriage certificate. For widows/widowers of veterans, please enclose a copy of the Veteran's Identifications Card and death certificate, and your marriage certificate. For divorcees of veterans, please enclose a copy of the Veteran's Identification Card and your divorce decree. DO NOT SEND ORIGINAL DOCUMENTS.]

If you have family members or friends who you think would be interested in receiving information about Bayside at Fort Howard, please fill in their names and addresses below, and we will add them to our mailing list.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Telephone \_\_\_\_\_ Age(s) \_\_\_\_\_  
Relation \_\_\_\_\_

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Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Telephone \_\_\_\_\_ Age(s) \_\_\_\_\_  
Relation \_\_\_\_\_

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Name \_\_\_\_\_  
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City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Telephone \_\_\_\_\_ Age(s) \_\_\_\_\_  
Relation \_\_\_\_\_

Your Name \_\_\_\_\_