



RiverMead

LIFECARE
WITH LIFESTYLE

RIVERMEAD WAITLIST

Waitlist Process:

- ◆ Fill out the Confidential Data Application & the Waitlist Program Agreement and return to:
RiverMead
150 RiverMead Road
Peterborough, NH 03458
- ◆ Payment of a **\$2,000 refundable** Waitlist Deposit which is applied to the Entrance Fee and a **\$250 non-refundable** Application Fee
- ◆ Your name is entered chronologically onto the Waitlist by the date you join the Program
- ◆ You can place your name on the list for more than one type of apartment or cottage
- ◆ As an apartment or cottage of your choice becomes available, the first person on the list will be contacted & offered that accommodation
- ◆ There are three opportunities to turn down each type of accommodation before being placed at the bottom of the list for that particular unit
- ◆ Indicate the anticipated year of move-in. You will not be called before that time frame. If you wish to change your anticipated move-in date at any time, please notify RiverMead. This does not jeopardize your place on the list.

Please read the Waitlist Agreement carefully. If you have any questions, please call RiverMead at 603-924-0062.



RIVERMEAD APPLICATION AND WAITLIST AGREEMENT

(I) (We) hereby make application for the Waitlist at RiverMead.

(I) (We) prefer the following Unit type(s):

Choice 1 _____ Choice 2 _____

Choice 3 _____ Choice 4 _____

Anticipated move-in date: _____

This application is submitted with a non-refundable application fee of **\$250**, and a refundable Waitlist deposit of **\$2000 (for a total of \$2,250)**. When notified of an appropriate Unit (I) (We) intend, to pay the balance of the Entrance Fee or Entrance Fee deposit, which ever is appropriate, minus the refundable deposit paid, and execute a Residence and Care Agreement.

Please indicate title: (Mr., Mrs., Miss, Ms.)

Applicant (Name) _____

Second Person _____

Street Address _____

Street Address _____

City, State, Zip _____

City, State, Zip _____

(Area Code) Telephone _____

(Area Code) Telephone _____

Date of Birth _____

Date of Birth _____

Social Security Number _____

Social Security Number _____

Email _____

Email _____

Cell Phone _____

Cell Phone _____

(I) (We) understand that submitting this application will place (my) (our) names(s) on the RiverMead Waitlist in chronological order. (I) (We) further accept the terms of the Waitlist Agreement shown on the next page.

Applicant _____ Date: _____

Second Person _____ Date: _____



WAITLIST AGREEMENT

1. In return for the payment of the refundable Waitlist deposit, and submitting a completed Confidential Data Application, applicants will be considered for admission in the order of their position on the List.
2. This application does not entitle applicants to admission to RiverMead, but only to priority consideration for admission. The decision to admit or not to admit an applicant is made by RiverMead in the exercise of its sole discretion. The applicant agrees to accept such decision as binding and final in all respects.
3. RiverMead will credit an applicant's Waitlist deposit in full against the Entrance Fee upon the execution of the Residence and Care Agreement.
4. An applicant's rights under this agreement are personal to him or her, may not be assigned and shall not pass to his or her heirs or personal representatives. If application is made by two persons together, both are deemed to be included in the word "applicant" as used in this agreement.
5. Any notice to an applicant shall be sufficient if mailed to the address given or as applicant later advises RiverMead.
6. By signing this agreement now and submitting a Confidential Data Application (I) We agree to submit the balance of the 35% Entrance Fee deposit and sign the Residence and Care Agreement **within seven (7) days of notification.***

* **Initial** _____ **Date:** _____

7. This Waitlist Agreement shall terminate if any one of the following occurs:
 - A. The applicant's application for admission is rejected by RiverMead.
 - B. RiverMead receives written notice of termination and a refund request.
 - C. The applicant executes a Residence and Care Agreement and pays the balance of the 35% Entrance Fee deposit, in which event all rights and obligations of the parties shall be governed by the Residence and Care Agreement.
 - D. The applicant fails to deliver a signed Residence and Care agreement and the balance of the 35% Entrance fee deposit within seven (7) days of notification.
8. **Within sixty (60) days*** after receipt of the 35% Entrance Fee deposit and the signed Residence and Care Agreement, the balance of the Entrance Fee is required and the Monthly Service Fee will begin.

* **Initial** _____ **Date:** _____

Confidential Data Application

Applicant One

Second Person

Name: _____

Name _____

Birth Date: _____

Birth Date: _____

Social Security # _____

Social Security # _____

FINANCIAL DATA

ASSETS:

1. Residence \$ _____

2. Savings \$ _____

3. CD's \$ _____

4. Stocks \$ _____

5. Bonds \$ _____

6. Trusts \$ _____

7. Other Real Estate \$ _____

8. Mutual Funds \$ _____

9. Other _____ \$ _____

10. Other _____ \$ _____

COMBINED ASSETS \$ _____

LIABILITIES

Mortgage \$ _____

Other Debts \$ _____

Are the above listed funds held jointly by both applicants?

Yes No

If no, please describe in detail, on a separate piece of paper, how the funds are divided.

MONTHLY INCOME

	Applicant:	Second Person:
11. Social Security	\$ _____	\$ _____
12. Pension & Retirement	\$ _____	\$ _____
13. Survivor's Pension %	\$ _____	\$ _____
14. Annuities	\$ _____	\$ _____
15. Other	\$ _____	\$ _____

TOTAL MONTHLY \$ _____ \$ _____

TOTAL COMBINED MONTHLY \$ _____

*Does the Pension amount increase with inflation? If so, describe adjustment process: _____

Circle the following responses that apply

Do you have long term care insurance?

Does it cover Assisted Living (enhanced housing)?

Does it cover Skilled Nursing?

What is the daily rate?

Do you plan on keeping your long term care insurance?

All information subject to review and approval prior to occupancy.

Please see your policy binder for the following information

1st Person				2nd Person	
Yes	No			Yes	No
Yes	No			Yes	No
Yes	No			Yes	No
\$ _____				\$ _____	
Yes	No			Yes	No

I HEREBY DECLARE THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND COMPLETE ACCORDING TO MY BEST KNOWLEDGE AND BELIEF. IN WITNESS WHEREOF I HAVE SET MY HAND TO THIS APPLICATION THIS _____ DAY OF _____ 20_____

Applicant

Witness

Applicant



RiverMead

LIFECARE WITH
LIFESTYLE

ADDITIONAL INFORMATION

Please provide any additional addresses or phone numbers where you can be reached in the event that we need to contact you.

Seasonal Address:

(Area Code) Telephone

Also provide the contact information of a family member, friend or neighbor who would know your whereabouts in the event we are trying to contact you.

Name:

Relationship:

(Area Code) Telephone

