



Pl. affix self attested photograph of applicant

APPLICATION FOR LEASE

Dear Sirs,

I am interested to avail the facilities and services of your Utsav Assisted Living (Care Homes) at Bhiwadi. I have selected unit no. on rent and I understand the terms and conditions of Utsav Assisted Living (Care Homes) and agree to sign and execute, the agreement on the company's standard format, as and when desire by the company.

I remit herewith a sum of Rs.[Rupees.....
.....only] by Bank Draft/Cheque No.
dated..... drawn on
.....[Bank & Branch] as part of earnest money.

Application form should be duly filled by the Resident or Next of Kin (NOK).

1. RESIDENT INFORMATION

Resident Name: Mr/Mrs/Ms.....

S/W/D of

Permanent Address.....
.....

City.....StatePin Code

Phone (STD Code).....Mobile.....

Email ID.....

Date of Birth Age Sex Marital Status

..... Male Single

Female Married

Income Tax Permanent A/c No.

Attach a copy of Photo ID Proof along with this form.

Passport Voter ID Driving License Ration Card PAN Card

PRIMARY CONTACT FOR SIGNING THE AGREEMENT

(Fill only if different from above)

Name:Relationship

Address

.....

CityStatePin Code

Phone (R).....(W).....(F).....

Email ID

2. MEDICAL INFORMATION

Diagnosis (Please indicate any Physical / Mental illness as it would help us to serve you better):

.....
.....
.....
.....

Allergies

.....
.....

Prescribed Medications

.....
.....
.....
.....
.....
.....
.....

Non - Prescription Medications (such as pain relivers, antacids, vitamins)

.....
.....
.....
.....
.....
.....

INSURANCE INFORMATION (Please provide your health insurance details).

.....
.....
.....
.....
.....

EMERGENCY INFORMATION CONTACT SHEET

Resident Name :

Date of Birth :

Name of NOK :NOK Ph.No.

Next of Kin Email ID.[M].....

Emergency Contact (Fill only if different from primary contact)

NameRelationship

Address

City State

Phone (R).....[W].....[M].....[F].....

Email Address.

Emergency contact of a person preferably staying within 100 kms radius

(Fill only if different from above)

NameRelationship

Address

City State

Phone (R).....[W].....[M].....[F].....

Email Address.

Physician Name and Clinic

Name.....

Clinic Name.....

Address.....

City State

Phone (R).....[W].....[M].....

(Fax).....Email Address.

Hospital Preference.....

3. PHYSICAL STATUS

A. Is the resident able to walk without assistance? Yes / No

If No, Please specify - Cane Walker

Explain any mobility difficulties

.....

.....

B. Is the resident able to bathe without assistance? Yes / No

Explain any bathing difficulties

.....

.....

C. Is the resident able to dress without assistance? Yes / No

Explain any dressing difficulties.....

.....

.....

D. Is the resident able to eat without assistance ? Yes / No

Explain any eating difficulties.....

.....

.....

E. Is the resident able to handle Toileting needs without assistance ? Yes / No

Explain any toileting difficulties.....

.....

.....

F. Other information regarding physical status

.....

.....

G. Any Impaired senses: vision/hearing, if yes, details on extent of the same

.....

.....

4. FINANCIAL INFORMATION

How do you intend paying for your monthly cost; **Self / Children / NOK**

1. Household Income (Please provide the monthly income of the person paying the resident monthly cost)

Income	Yes / No	Amount per month
Pension
Old Age Pension
Alimony
Rental Income
Asset list
Other Income, if any

Please list any other source of income:

.....

.....

.....

.....

.....

Signature of Self / Children / NOK

(The person who is paying the monthly cost)



Applicant's Consent to Release Medical Information

I hereby authorize any physician, clinic or hospital to answer fully any request from the Ashiana Utsav Assisted Living (Care Homes) for medical or psycho-social information concerning me as an applicant or while I am a resident.

.....

Name of Resident/Children/NOK

.....
Signature :

.....
Date :