



# Graceland Gardens

## Admissions Application

Graceland Gardens is a private assisted living facility for people over the age of 55 years old. You may apply for the Graceland Gardens c/o Extended Family Senior Services by submitting this application.

One application per person.

Co-Signers/Guarantor will be accepted

### **Please return the application to:**

Extended Family Senior Services  
1628 Rte. 27  
North Brunswick, NJ 08902

Steps To Residence:

1. Submit Free Application to Extended Family  
Placed on the Registry
2. Reservation Deposit  
\$1,000 Initial Deposit(refundable)
3. Financial Statement Form will be collected.  
The Financial Application Review -No Fee  
All supporting documents will be required and collected to verify the Financial Statement- includes credit & background check.
4. Health Assessment/Case Management Fee -No Fee -RN & Case Management fee.
5. Community Fee-Non-Refundable \$6,000 (\$1,000 initial deposit + \$5,000 Community Fee.)  
One time payment at admission to cover admin. & free amenities .

The decision to move to a new residence can be very stressful. Our staff is here to help ease this process in any way we can.

If you have questions or require assistance with completion of this application, please contact or email [care@gracelandgardensnj.com](mailto:care@gracelandgardensnj.com) or [jselby@gracelandgardensnj.com](mailto:jselby@gracelandgardensnj.com).

**APPLICANT INFORMATION**

Please provide information about the applicant

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 Male  Female

Applicant's Home Address: \_\_\_\_\_

City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

**PRIMARY CONTACT INFORMATION**

Please provide information about the primary contact

Contact's Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Whom should Extended Family Services attempt to contact first:  Applicant  Primary Contact

Primary Contact holds \_\_\_ POA \_\_\_ Medical Directive \_\_\_\_\_

Best way to contact:  Mobile Phone  Home Phone  Email

Other: \_\_\_\_\_

Has the applicant for residency been convicted of a felony? Yes \_\_\_ No \_\_\_

**SECOND PRIMARY CONTACT INFORMATION**

Please provide information about the second primary contact

Contact's Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Best way to contact:  Mobile Phone  Home Phone  Email

Other: \_\_\_\_\_

1. Do you anticipate needing residency within six months?

Yes  No

Please note, if you have indicated a need for residency within six months, you must complete and submit the Financial Statement Fee.

2.  Assisted Living Residence

Health Assessment/Case Management Fees will be required to perform and review the individual health assessment. The Community Fee will be collected prior to move in.

Upon receipt of this completed application, Extended Family Senior Services, LLC management agent for Graceland Gardens, LLC cannot guarantee admission. Admission offers are determined by resident health assessment and approval of financial and credit status/background status.

**I UNDERSTAND THAT AN UPDATE TO THIS INFORMATION WILL BE REQUIRED PRIOR TO AND/OR UPON ADMISSION. I HEREBY DECLARE THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND COMPLETE ACCORDING TO MY/OUR BEST KNOWLEDGE. I/WE UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THIS INFORMATION Will RESULT IN BEING REMOVED FOR RESIDENCY.**

\_\_\_\_\_  
Signature of Applicant    Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Person  
Completing Application Date \_\_\_\_\_