

ADVISORY NOTICE & PRIORITY LISTING

PROSPECTIVE RESIDENT NAME(s) _____

FAMILY CONTACT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE(s)H: _____ W: _____ C: _____

APARTMENT SIZE PREFERENCE: (Circle all that apply)

[Studio] [1Bed Room] [1Bed Room with den] [2Bed room] [First Available]

ADVISOR RIGHTS, DISCLOSURE STATEMENT & CONSUMER GUIDE

In accordance with the Massachusetts laws and regulations governing assisted living, you have the right to be accompanied by a Legal Representative, Resident Representative or other advisor.

If you decide to seriously consider moving into Heritage, a formal meeting will be held. You will be provided with a Disclosure Statement, the Elder Affairs Consumer Guide and Residency Agreement. These will be reviewed with you verbally.

PRIORITY WAITING LIST MEMBERSHIP PROCEDURES

Please submit your name for Priority Waiting List membership if you have:

- The potential to move your family member within 120 days
- The intention to fill out an Application for Residency

This Priority Waiting List is NOT a contract for care or service. However, you will be invited to select an apartment before other residents who have a later priority date.

PRIORITY LIST MEMBERSHIP REQUEST

I understand and agree that *membership on the waiting list is neither a contract, nor a guaranteed reservation for residence*. I also understand that I have the right to an advisor. Nothing contained in this document is legally binding on either me or the community until a Residency Agreement has been reviewed and signed by all parties involved.

Signature- can be any of the following:

Family Representative, POA, Guardian, Spouse or Resident

Heritage at Framingham Representative

Date