



ASSISTED LIVING / ADULT FAMILY HOME WAITING LIST APPLICATION

Please complete this form to join our complimentary waiting list. We will contact you when a unit becomes available.
You retain your place on the waitlist for as long as you wish to be a candidate for Kin On.

Application for: Assisted Living (AL) Adult Family Home (AFH) Date _____

Applicant Name: _____
Last First Middle

General Information*

Address _____

Email _____ Telephone Number _____

Current Living Arrangements:

Alone Spouse Other _____

House Apartment Other _____

Gender: Female Male Other

Are you over the age of 62? Yes No Birth Year _____

Primary Language (For care provider use) _____

Reason(s) to Move into Kin On AL/AFH _____

Alternative Contact Information

Name _____ Relationship _____

Address _____

Cell Phone _____ E-Mail _____

**It is your responsibility to notify Kin On in writing of any change in your address and/or telephone number.*

I. Deposit for Waiting List

Kin On requires \$500.00 in consideration of placement on the Waiting List for an apartment which shall be applied to the first monthly fee, should you later be approved for residency. Waiver available for Medicaid recipients.

II. Refund – 100%

You may terminate this Application at any time and relinquish your position on the Waiting List, or be determined by Kin On to be unable to meet the reasonable residency requirements established. Upon written request for withdrawal from the Waiting List, \$500.00 will be refunded to you or your estate within 30 days of the receipt of the request for refund. This deposit is fully refundable at any time.

III. Position on Preferred List

Kin On agrees to place your name on the Waiting List for preferred position as follows. Please circle all that may apply:

SINGLE / DOUBLE ASAP / 1-3 MONTHS / WITHIN 6 MONTHS / WITHIN 12 MONTHS

- A. First Preferred** – Residents who have established residency with Kin On.
- B. Second Preferred** – Depositors who have selected an available apartment and are in the application/move-in process.
- C. Third Preferred** – External Waiting List members. Your position on the Waiting List shall be advanced as others with a higher position on the Waiting List either take residency or relinquish their position on the Waiting List.
- D. Select/Postpone** – Should you choose to postpone your residency when contacted about an available apartment, you shall maintain your position on the Waiting List without change. Should you select an apartment, you will need to complete a full deposit form and add an additional deposit fee to secure the selected apartment, which will be applied toward rent.

IV. Requirements for Residency

This document is not an application for Residency. The application is received when you are next in position to accept an apartment and desire to do so.

V. Notification

Kin On shall notify you of apartment availability periodically becomes available. Notification may come verbally or in written communication.

VI. Nondiscrimination

The Facility will not discriminate and will comply with all applicable state and federal laws with respect to age, race, color, national origin, ancestry, religion, sex, handicap or disability.

Please make checks payable to “Kin On”. We do not accept credit cards.

*Please return application and deposit to **5214 42nd Avenue South, Seattle, WA 98118***

STAFF USE ONLY

Received By: _____ Date of Receipt: _____ Check # _____