

Elizabeth Alexander Hall of St. James House

"A COMPLETE RETIREMENT COMMUNITY"

Dining Services:

- *Meals available in our main dining room (\$6.00 per meal)
- *All electric kitchens

Housekeeping:

- *\$30.00 per visit
- *Weekly flat linen service
- *Washer/Dryer connections (stacked units only)
- *Free Washers & Dryers in Laundry room

Security:

- *Staff on duty 24 hours a day
- *Continuously monitored alarm system
- *Smoke alarms
- *Sprinkler system
- *Fire alarm system
- *Night time security

Residence Features:

- *Fully equipped kitchen (all major appliances included)
- *Cable television connections
- *Individually controlled heat and air-conditioning
- *Covered parking available
- *Wall-to-wall carpeting

Activities:

- *Beauty/barber shop
- *Library
- *Chapel services
- *Cultural events*Social Events
- *Transportation as needed (Monday – Friday)

5802 W. Baker Rd. * Baytown, TX. 77520 * (281)425-1200

Alexander Hall Apartment Complex Independent Living Units Monthly Apartment Rates

***The Oxford**

One bedroom, one bath	(672 sq. ft.)	\$1,004.00
One bedroom, one bath, wheelchair modified	(756 sq. ft.)	\$1,093.00

The Canterbury

Two bedroom, one and one-half bath	(882 sq. ft.)	\$1,185.00
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***The Cambridge**

Two bedroom, two bath	(935 sq. ft.)	\$1,265.00
Two bedroom, two bath, wheelchair modified	(966 sq. ft.)	\$1,345.00

A \$250 security deposit will be required with a signed contract for an apartment. This deposit will be applied to the final statement for refund.

***There are two Oxford and two Cambridge units that have been modified to accommodate wheelchairs.**

DATE _____ DATE RECEIVED (Office Use Only) _____

ST. JAMES HOUSE

APPLICATION FOR APARTMENTS

NAME OF APPLICANTS(S) _____

PRESENT ADDRESS _____

TELEPHONE NUMBER _____ DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ MEDICARE _____

MARITAL STATUS M S W D SPOUSE'S NAME _____

FAMILY MEMBERS: (List children or close relatives)

NAME ADDRESS TELEPHONE # (work and home)

YOUR FORMER OCCUPATION _____

SPOUSE'S FORMER OCCUPATION _____

Do you have any known health problems that require a doctor's attention? If yes, please explain _____

PHYSICIAN _____

ADDRESS _____ TELEPHONE _____

IN CASE OF EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____

ADDRESS _____

TELEPHONE: HOME _____ WORK _____

CHURCH MEMBERSHIP _____

SPECIAL INTERESTS _____

I understand the following restrictions and will abide by them should I/we rent an apartment.

1. No changes will be made to the inside or outside of the apartment without the permission of the management.
2. No one may live in the apartment except the person or persons to whom the apartment was rented, without permission of management. (Excludes visitors)
3. Should it become impossible for me or my spouse to take care of ourselves we agree that our family be contacted and other living arrangements be made. (Apartment residents will have priority should a need arise for nursing home care in St. James House if the resident has resided in the apartments for at least 3 months.)
4. Rent will be paid on the first of every month in advance.
5. Should the Multi-Purpose Area or any Common Area be used for personal use, I agree to leave it in good condition and will report any equipment that needs repair to the management.
6. I understand that submittal of this application does not obligate me to be a resident of Alexander Hall Apartments or St. James House to rent an apartment to me.
7. Pets 25 lbs. and under are allowed in Alexander Hall. A pet deposit of \$150.00 will be paid with \$50.00 non-refundable upon move out.

I agree that in consideration of my admission to Alexander Hall, I will at all times faithfully observe and abide by all the rules and regulations of St. James House, Inc. in every particular as they are now in force or may hereafter be changed, altered or amended, and I hereby expressly agree that said rules and regulations, as they may from time to time be constituted shall be and remain a part of this agreement to the same extent as though fully set forth

herein, and that all of the statements in this application are full, true and correct.

Signature

Note: Upon becoming a resident at Alexander Hall, this application will be attached to and will become part of the Residence Agreement.

Elizabeth Alexander Hall Apartments
Confidential Financial Information

Name: _____ **Date:** _____

Address: _____

Assets

Checking Account: \$ _____

Savings Account: \$ _____

Stocks and Bonds: \$ _____

Homestead: \$ _____

Other Real Estate:
(List on back) \$ _____

Other Assets \$ _____

\$ _____

\$ _____

Total Assets \$ _____

Liabilities

Real Estate Mortgage: \$ _____
(List on back)

Owed to Others: \$ _____
(List on back)

Other Debts: \$ _____
(List on back)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Liabilities \$ _____

Monthly Income

Social Security: \$ _____

Pension: \$ _____

Interest and Dividends: \$ _____

Life Insurance Annuity: \$ _____

Real Estate Rental or Sales: \$ _____

Profession: \$ _____

Salary of Commissions: \$ _____

Other Sources: \$ _____

\$ _____

\$ _____

Total Monthly Income \$ _____

Life Insurance

Name of Company

Amount of Policy

Beneficiary

\$ _____

\$ _____

\$ _____

Name and Address of your attorney: _____

Power of Attorney (if any) held by whom: _____

Name and Address: _____

Do you have a will? _____ If so, where is it located? _____

References:

Pastor's name and address: _____

Name and address of friend: _____

Name and address of friend: _____

Signature: _____

Date: _____

St. James House

Confidential Financial Information

Name: _____ **Date:** _____

Address: _____

Assets

Checking Account: \$ _____

Savings Account: \$ _____

Stocks and Bonds: \$ _____

Homestead: \$ _____

Other Real Estate:
(List on back) \$ _____

Other Assets \$ _____

\$ _____

\$ _____

Total Assets \$ _____

Liabilities

Real Estate Mortgage: \$ _____
(List on back)

Owed to Others: \$ _____
(List on back)

Other Debts: \$ _____
(List on back)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Liabilities \$ _____

Monthly Income

Social Security: \$ _____

Pension: \$ _____

Interest and Dividends: \$ _____

Life Insurance Annuity: \$ _____

Real Estate Rental or Sales: \$ _____

Profession: \$ _____

Salary of Commissions: \$ _____

Other Sources: \$ _____

\$ _____

\$ _____

Total Monthly Income \$ _____

Life Insurance

Name of Company

Amount of Policy

Beneficiary

\$ _____

\$ _____

\$ _____

Name and Address of your attorney: _____

Power of Attorney (if any) held by whom: _____

Name and Address: _____

Do you have a will? _____ If so, where is it located? _____

References:

Pastor's name and address: _____

Name and address of friend: _____

Name and address of friend: _____

Signature: _____

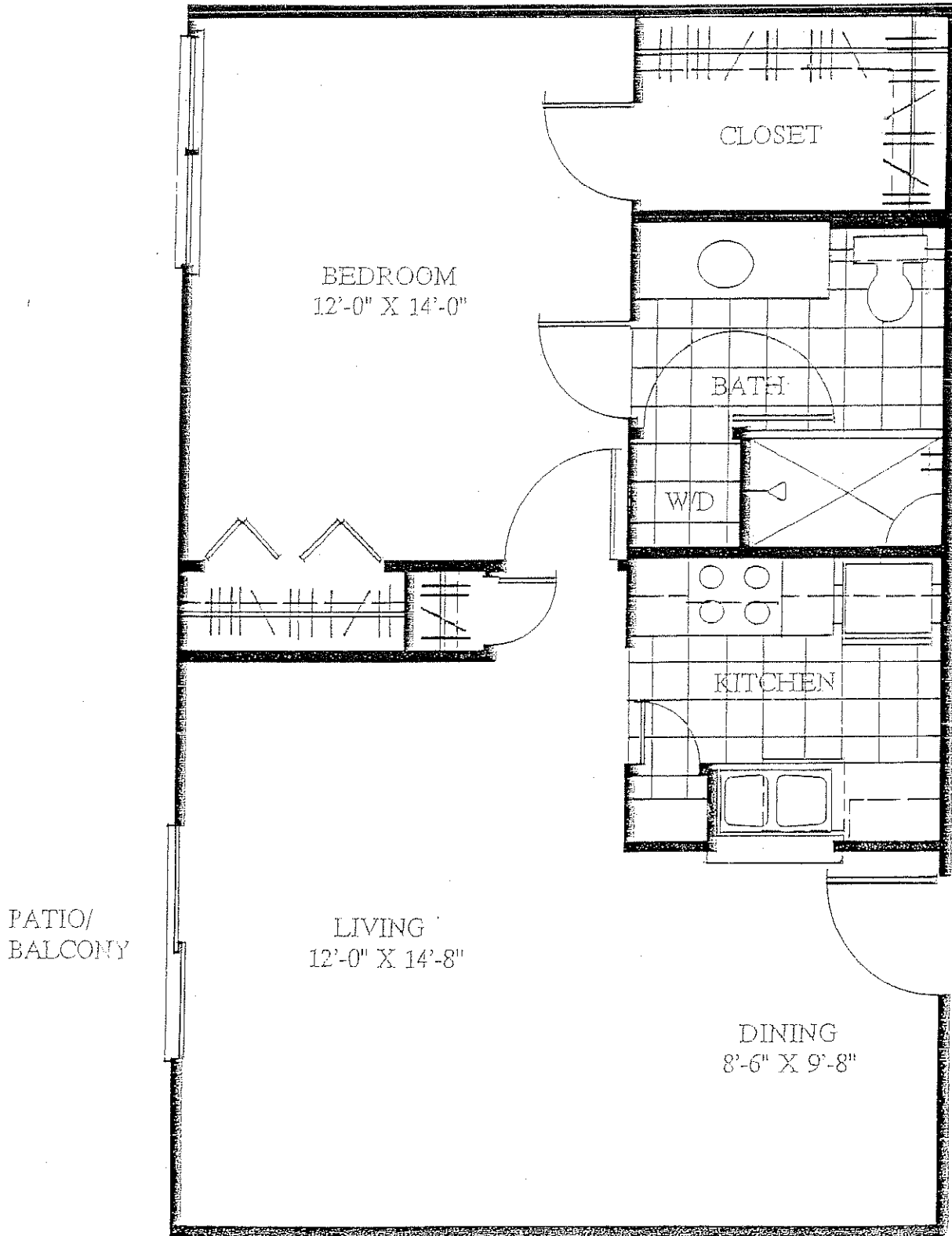
Date: _____

OXFORD

St. James House

UNIT A

1 BEDROOM, 1 BATH



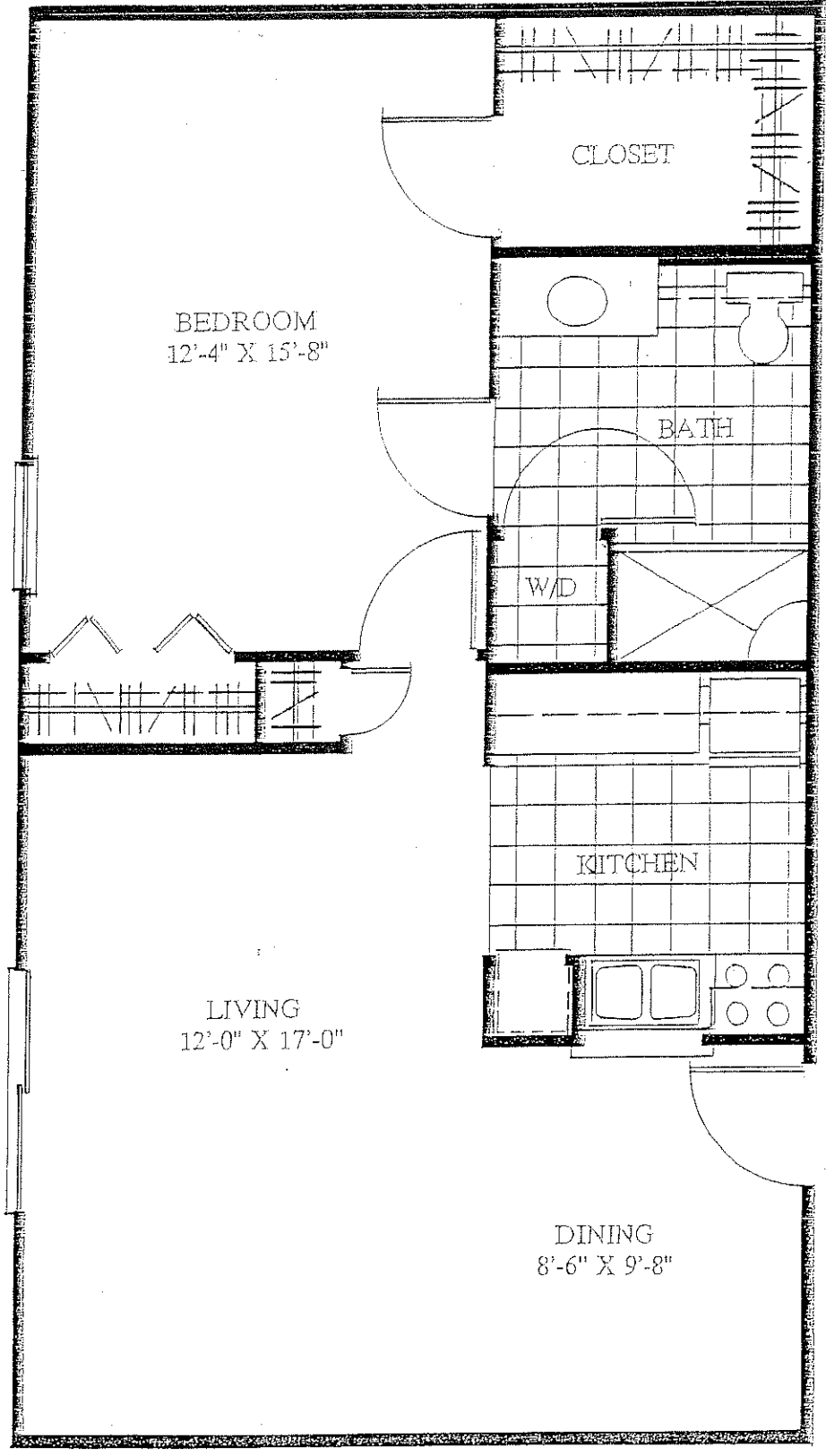
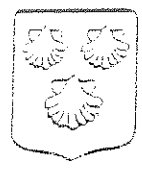
672 Square Feet

OXFORD

St. James House

UNIT B*

1 BEDROOM, 1 BATH



*HANDICAP

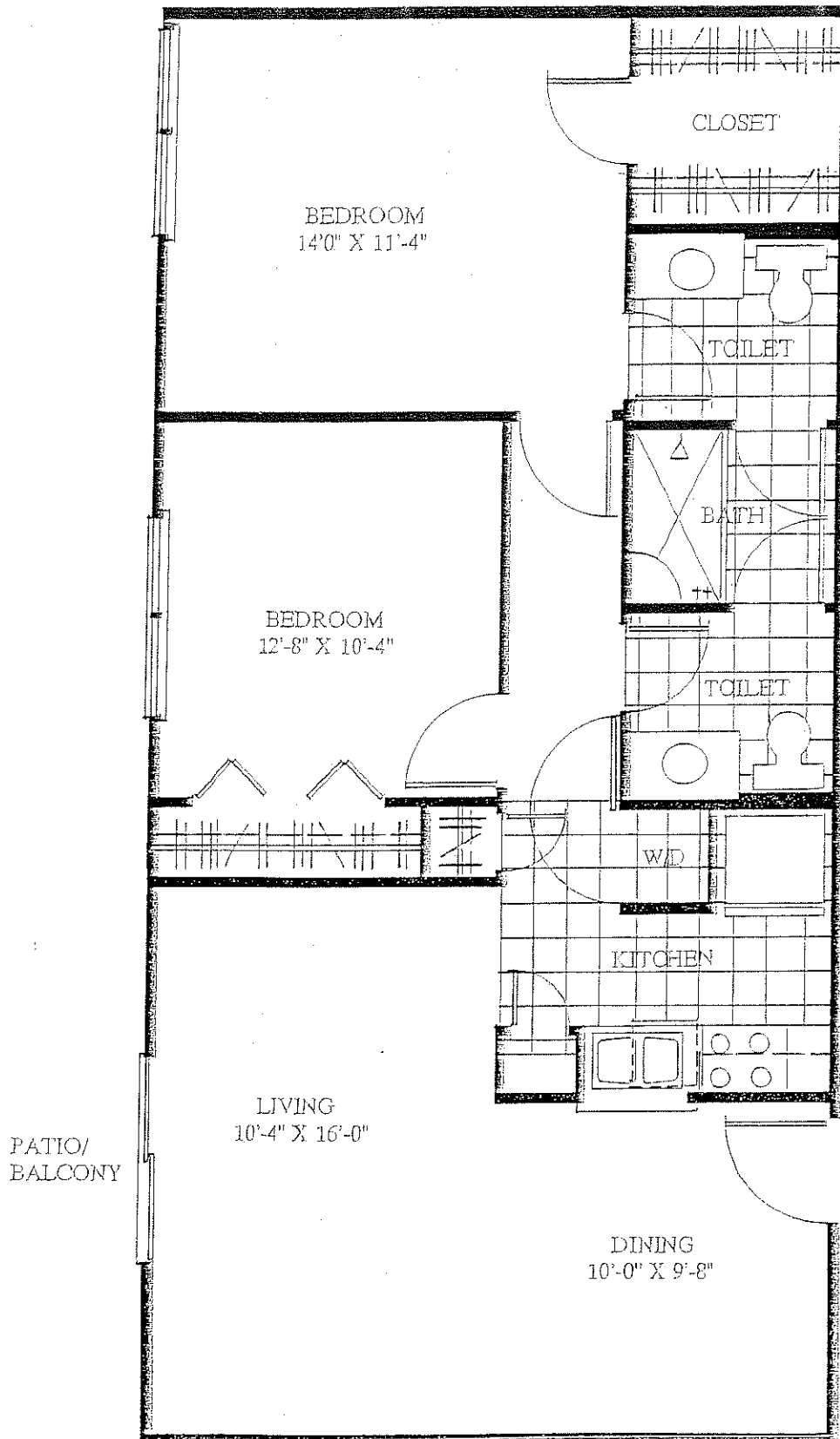
756 Square Feet

CANTERBURY

St. James House

UNIT C

2 BEDROOM, 1-1/2 BATH



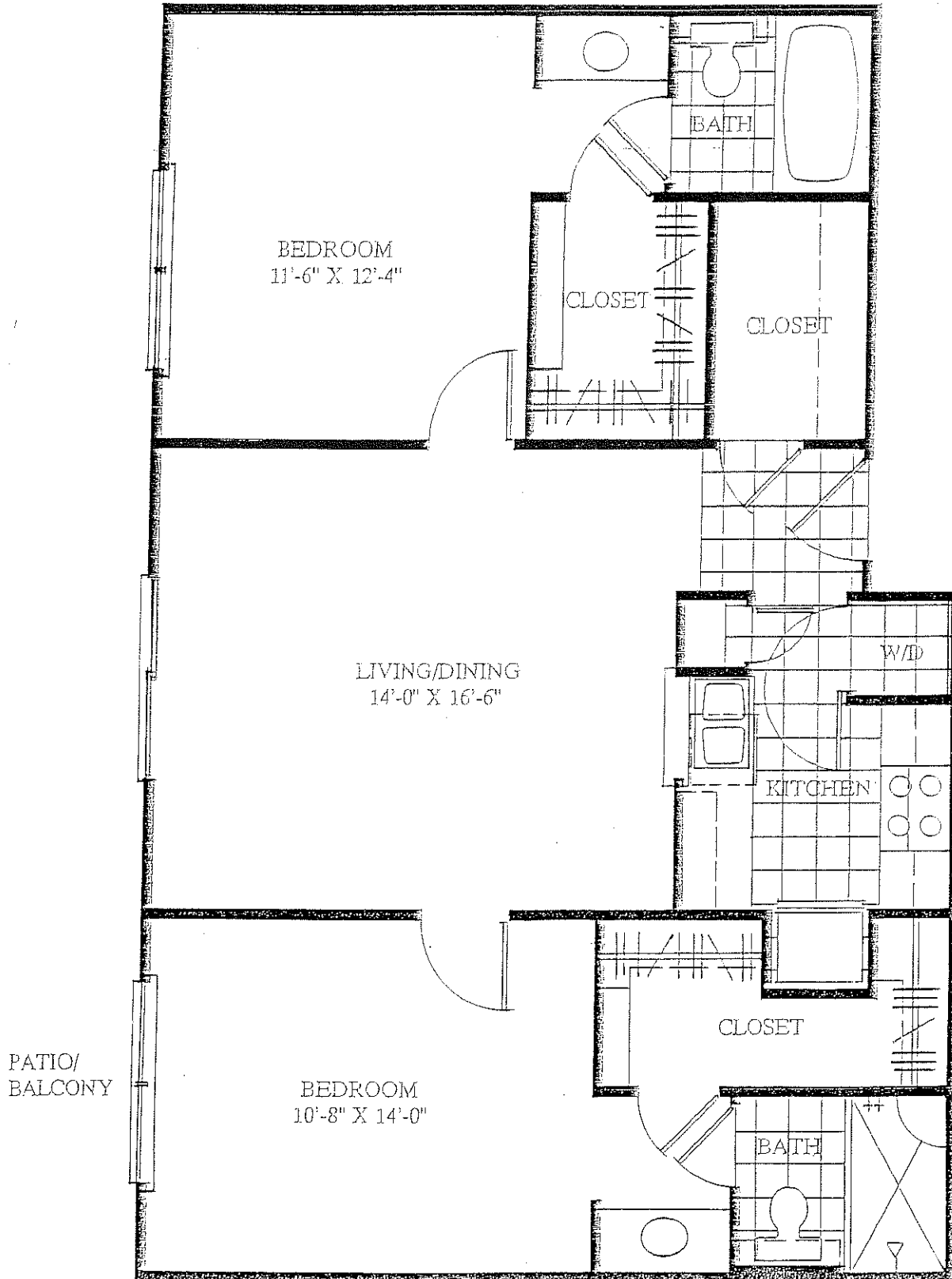
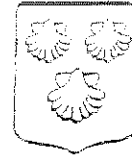
882 Square Feet

CAMBRIDGE

St. James House

UNIT D

2 BEDROOM, 2 BATH



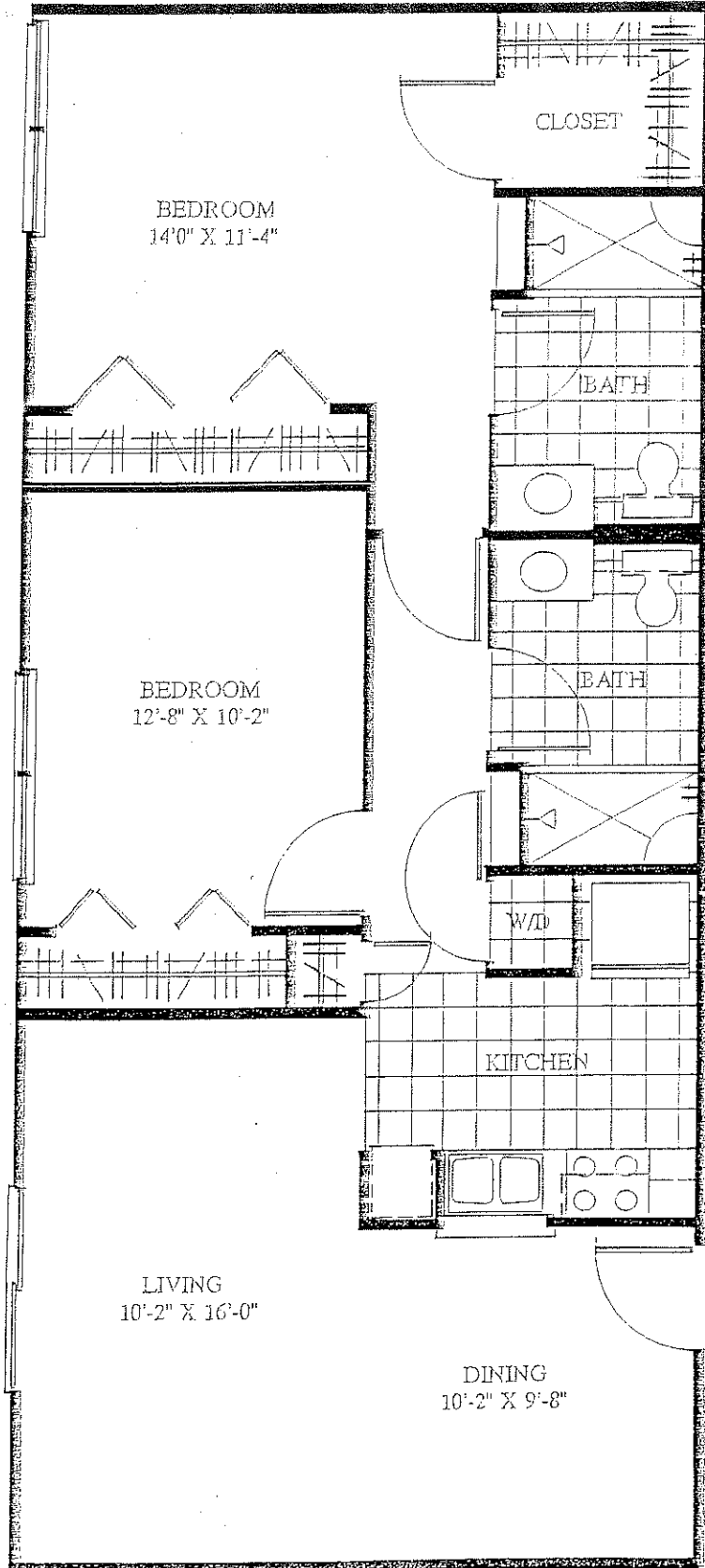
935 Square Feet

CAMBRIDGE

St. James House

UNIT E*

2 BEDROOM, 2 BATH



*HANDICAP

966 Square Feet