**Alexander Hall Apartment Complex**

**Independent Living Units**

 **\*The Oxford**

One bedroom, one bath (672 sq. ft.)

One bedroom, one bath, wheelchair modified (756 sq. ft.)

 **The Canterbury**

Two bedroom, one and one-half bath (882 sq. ft.)

 **\*The Cambridge**

Two bedroom, two bath (935 sq. ft.)

Two bedroom, two bath, wheelchair modified (966 sq. ft.)

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

A $250 non-refundable security deposit will be required with a signed contract for an apartment.

A signed lease and first month’s rent will be required in order to receive keys.

**Rent includes:** Trash, Water and Sewer.

**Resident is responsible for:** Electricity, Internet, Telephone, Cable (Basic cable is available at a reduced group rate. You must call Comcast to activate your cable and receive a cable box). Electricity must be transferred over to your name immediately after move-in.

Meals are available in the St. James House main dining area for $6.00 a meal. If you would like your meal delivered, there is a $2.00 fee. Guest meals vary in price. Please call the Food Service Director for any questions at (281) 425-1225.

Housekeeping Services are available for $30.00 a visit. Please see your Neighborhood Leader to schedule.

This is a pet-friendly community. One small dog (25lbs. or less), one cat or one bird is allowed. A $500.00 non-refundable pet deposit is required.

Motorized carts are allowed in Alexander Hall. A $500.00 non-refundable deposit for all motorized carts is required.

**Alexander Hall Apartments**

**of**

**St. James House**

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

***"A COMPLETE RETIREMENT COMMUNITY"***

**Dining Services:**

 \*Meals available in our main dining room

 \*Meal delivery service available

**Housekeeping:**

 \*Optional housekeeping services available

 \*Complimentary Laundry Room

**Security:**

 \*Smoke alarms

 \*Personal lock box

 \*Sprinkler system

 \*Fire alarm system

**Residence Features:**

 \*Fully equipped, full size kitchen (all major appliances included)

 \*Cable television connections (Basic cable at a discounted price)

 \*Individually controlled heat and air-conditioning

 \*Washer/Dryer hookups (stacked units only)

 \*Covered parking available

 \*Wall-to-wall carpeting

 \*Large walk-in closets

 \*Patio/balcony in each unit

**Other Amenities:**

 \*Beautiful walking paths w/ bridges

 \*Beauty/Barber Shop

 \*Pet friendly

 \*Library

 \*Chapel Services

 \*Cultural Events

 \*Social Events

 \*Grocery & Errand Trips

 \*Community Outings

 \*Business Office support

Date: Date Received: (Office Use Only)

**St. James House**

**Application for Apartments**

Name of Applicant(s):

Present Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip:

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicare:

Marital Status: M S W D Spouse’s Name:

Spouse’s Date of Birth: \_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Members: (List children or close relatives.)

Name: Address: Telephone #: (Hm & Wk)

Your former occupation:

Spouse’s former occupation:

Do you have any known health problems that require a doctors attention? Please explain:

Physician:

Address:

**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 charges 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 will be contacted and other living arrangements will 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 three months.)
4. Rent will be paid on the first of every month in advance and/or upon receipt of invoice.
5. Covered parking is reserved for residents who request it at no cost based on availability. All cars must be registered upon move-in.
6. 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.
7. 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.
8. Pets 25 lbs. and under are allowed in Alexander Hall. A non-refundable pet deposit of $500.00 will be paid.
9. Motorized chairs/vehicles are allowed in Alexander Hall. A non-refundable deposit of $500.00 will be paid.

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 amended, and I hereby expressly agreement that said rules and regulations, as they may from time to time be constituted shall be and remain apart 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 (Tenant 1)**

**Name:** **Date:**

**Address:**

**Assets Liabilities**

Checking Account: $ Real Estate Mortgage: $

 (List on back)

Savings Account: $ Owed to Others: $

 (List on back)

Stocks and Bonds: $ Other Debts: $

 (List on back)

Homestead: $ $

Other Real Estate: $ $

(List on back)

Other Assets $ $

 $ $

 $ $

**Total Assets** $ **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 (Tenant 2)**

**Name:** **Date:**

**Address:**

**Assets Liabilities**

Checking Account: $ Real Estate Mortgage: $

 (List on back)

Savings Account: $ Owed to Others: $

 (List on back)

Stocks and Bonds: $ Other Debts: $

 (List on back)

Homestead: $ $

Other Real Estate: $ $

(List on back)

Other Assets $ $

 $ $

 $ $

**Total Assets** $ **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: