

*Emmanuel House Residence*

*Wait List*

**RECEIPT FOR APPLICATION FEE**

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

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

*Telephone:* \_\_\_\_\_ *Application Fee:* \_\_\_\_\_

*I have made application to place my name on a wait list for an apartment at Emmanuel House Residence, 25 East Nilsson Street, Brockton, Massachusetts.*

*This application fee (circle one),*

*\$750.00 for and individual*

*\$1,000.00 for a couple*

*\$250.00 for Group Adult Foster Care Program (GAFC)*

*is a non-refundable application processing fee.*

*I understand that my application for the wait list does not guarantee that I will be admitted to Emmanuel House Residence.*

*Admission is dependent upon availability, personal assessment, financial review and date of application.*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Emmanuel House Residence Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*