Application for Apartment

Rio Concho Terrace, Inc.
403 Rio Concho Drive
San Angelo, Texas
76903
(325) 658-2662

www.rioconcho.com

Rio Concho Terrace is a Smoke Free building

Applicant	Co-Applicant
Full Name	Full Name (if applicable)
Birth Date	Birth Date
Social Security #	Social Security #
Driver's License #	Driver's License #
Monthly Income	Monthly Income

Applicant Contact Information
Applicant's Current Address: I have lived at this address since: ___ / ___ / ___
Applicant's Telephone Number:

Floor Plan Desired

☐ Studio/one bathroom	(one occupant, $1,802/month) (two occupants, $2,402/month)
☐ One bedroom/one bathroom	(one occupant, $2,226/month) (two occupants, $2,826/month)
☐ Joined Studio/two bathrooms	(one occupant, $2,650/month) (two occupants, $3,250/month)
☐ Two bedroom/one bathroom	(one occupant, $2,968/month) (two occupants, $3,568/month)
☐ Cottage, one bedroom, two bathrooms, and, full kitchen.	(one occupant, $2,002/month) (two occupants, $2,602/month)
☐ Cottage, one bedroom, **no amenities.**	(cottage base rate, $1,002/month)
☐ Short-Term Rental full furnished studio apartment, full size bed, linens, and towels.	(one occupant, $2,125/month) (one occupant, $560/weekly, 7 nights) (one occupant, $95/daily rent)

- Short-Term Rental Check-in at 12:30 p.m. | Check out 12:00 noon
- Second Person an additional $20 a night for short-term rental apartments.

☐ I will consider any floor plan available
☐ I will consider only floor plans larger than the one desired

Financial Assistance is available for those who qualify.

Financial Assistance Applications can be found online at www.rioconcho.com or come to the Terrace and pick up a blank copy.

To live at Rio Concho Terrace (or to be placed on the waiting list), persons must meet the obligations of tenancy as detailed in the Lease Agreement (advance copies available upon request) and be 62 years of age. Persons should be able to meet the Activities of Daily Living (eating, bathing, grooming, dressing, home management and transferring) without support from the Rio Concho Terrace, its residents or staff.

Rio Concho Terrace will perform a criminal background check and sexual offender check on all prospective residents.

A security deposit is required to reserve or secure an apartment and must be paid prior to moving into the apartment. This requirement also applies to internal transfers. The first month's rent/pro-rated rent is due at the time of lease signing.

Only one emotional support animal is permitted per apartment, with a maximum weight limit of 20 pounds. Please be sure to review the Terrace Resident Handbook to ensure all required documentation is submitted in advance of move-in.

No firearms of any description will be brought into, stored or otherwise kept within the confines or on the property of Rio Concho Terrace.

Rio Concho Terrace is a Smoke Free building. If you or your guests smoke, there are designated outside smoking areas on the outside of the building.

> List all states in which you and co-applicant have previously resided: _____

_____

> List name of applicant / co-applicant who is a Veteran: _____

_____

> Are you or any member of your household subject to state sex offender registration in any state?
☐ Yes ☐ No List State(s): _____

How did you hear about Rio Concho Terrace? ☐ friend/neighbor ☐ Commercial ☐ Flyer

☐ Other: _____

I hereby apply for an apartment in the Rio Concho Terrace:

Has the applicant's lease, financial assistance or tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent or failure to cooperate with recertification procedures?
☐ Yes ☐ No

_____	_____	_____
Applicant Signature	Date	Time
_____	_____	_____
Co-Applicant Signature	Date	Time
_____	_____	_____
Signature of Receipt by Terrace Representative	Date	Time

RIO CONCHO TERRACE
403 Rio Concho Drive
San Angelo, Texas 76903
OFFICE: 325-658-2662
FAX: 325-653-0286

AFFIRMATION OF ABILITY TO LIVE INDEPENDENTLY

(To be completed by personal physician or medical professional providing treatment)

Rio Concho Terrace provides independent senior living for those who do not need a nursing home or skilled medical care. To assist us in ensuring residents meet that criteria we request that you please complete this affirmation.

Resident/Applicant Name:

_____

The resident/applicant is independent and needs no assistance with activities of daily living such as bathing, dressing, medication management.

_____ YES _____ NO

The resident/applicant is fairly independent and could reside at Rio Concho Terrace with assistance provided by a spouse/family member, private-pay live-in aide or outside services agency such as private home health. Please list below the type(s) of assistance required, e.g. bathing, dressing, medication management, other.

_____

_____

Rio Concho Terrace is a 3-story apartment community. Can the resident/applicant ambulate without assistance in an emergency?

_____ YES _____ NO

Other Comments: _____

Date: _____

_____
Physician or Medical Professional Signature

_____
Physician or Medical Professional Printed Name

_____
Address

_____
City State Zip Code

Telephone _____

Rio Concho Terrace Application for Financial Assistance

Name: _____ Date: _____

Check One: ☐ Current Resident ☐ Prospective Resident

Current Address: _____ Phone: _____

Statement of Financial Need (Please provide a statement explaining why you need financial assistance, tell us of any facts or circumstances relevant to financial need that may not be included in or obvious from data supplied in this form:

CURRENT ASSETS:

Savings/Checking Balance: $_____

Stocks/Bonds: $_____

Annuities: $_____

401K/Etc. $_____

Other: $_____

MONTHLY INCOME:

Social Security: $_____

Pension: $_____

Interest Income: $_____

Family Assistance: $_____

Other Income: $_____

EXPENSES ALLOWED FOR DEDUCTION FROM INCOME:

Medicare $_____

Medical Expense $_____

Insurance Premiums $_____

Personal Care Giver/Home Health $_____

SUPPORTING DOCUMENTATION:
Please provide (as applicable) the following documentation of income & expenses in support of your request for financial assistance:

- ☐ Most recent federal income tax return
- ☐ Past 3 months checking and/or savings account statements
- ☐ Past 3 months investment account statements (stocks, bonds, annuities, 401K, IRA, other)
- ☐ Social security income verification
- ☐ Pension income verification
- ☐ Interest income verification
- ☐ Statement regarding availability of family financial assistance
- ☐ Other income verification (supporting documents to substantiate any other sources of income)
- ☐ Medicare premium statement
- ☐ Insurance premium statements (life, auto, health, burial, longer term care, etc.)
- ☐ IRS Form 1099 for personal care giver
- ☐ Other _____

I certify that the information I have provided in this form is accurate and complete. I authorize Rio Concho to use my information to determine eligibility for financial assistance. Submission of this form does not constitute approval. Requests for assistance are approved by the Rio Concho Board of Trustees. The guidelines and allowances for financial assistance may change without notice. Approved subsidy applications must be recertified annually.

_____	_____	_____
Resident Printed Name	Resident Signature	Date

_____	_____
Received By (Rio Concho Staff)	Date

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____ the undersigned, hereby authorize Rio Concho, Inc./Rio Concho Manor, Inc. to obtain any and all information in your files pertaining to my employment, education, criminal background, and/or DMV.

The information obtained by Rio Concho, Inc./Rio Concho Manor, Inc. is to be used for the purpose of an employment screening investigation. I am willing to have a photocopy of this authorization accepted with the same authority as the original.

_____ _____

Authorizing Signature Date

_____ _____ _____

Full Name (Please Print) Date of Birth Social Security Number

PLEASE LIST ALL OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN, EITHER THROUGH EMPLOYMENT, MARRIAGE (I.E. MAIDEN NAME), OR OTHERWISE.

_____

_____ _____

Witness Date

Rio Concho Terrace 403 Rio Concho Drive San Angelo, TX 76903 (325) 658-2662

Terrace Security Deposit Agreement

By signing the Terrace Security Deposit Agreement, I agree to and acknowledge the following policy regarding Terrace security deposits. Security deposits at the Terrace are equal to the amount of first month's rent. I understand a security deposit must be paid to reserve or secure an apartment and must be paid prior to moving into the apartment, this includes internal transfers. I understand my security deposit will stay on file for the entire period I occupy the unit. I acknowledge once I have moved out the security deposit will be primarily used for the turnover maintenance of the unit and may also be used to pay on any balance I have at the Terrace. I understand that receiving any deposit refund is not guaranteed and is dependent on the maintenance repairs to the unit and balance I owe. Maintenance repairs to unit are at the discretion of the Community Manager. I agree to forfeit 50% (half) of the security deposit, if I have decided for any reason not to move into the Rio Concho Terrace. Any modifications to this policy must have written approval from the Terrace Community Manager.

_____

Sign

_____

Printed Name

_____

Date Security Deposit Agreement Signed

_____

Rent Start Date

Rio Concho Terrace 403 Rio Concho Drive San Angelo, TX 76903 (325) 658-2662

Terrace Payment Agreement

Date: _____

I, _____agree to make monthly payments on the amount due

of $_____.

This amount due is for: _____.

My first payment will be for $_____. And I will pay $_____ for the next six months until balance for the amount due is paid in full.

I further agree that if I intend to move from Rio Concho Terrace, I will pay the remaining balance in full before I move.

_____
Print Resident Name

_____ _____
Resident Signature Date

_____ _____
Community Manager or Terrace Representative Date

RIO CONCHO TERRACE

ELECTRONIC FUNDS TRANSFER FORM

Resident Name: _____

Amount: _____

Start Date: _____

Resident Signature _____

Unit Number _____

Manager's Signature: _____

Date Manager Submitted: _____

For Administration Office Use Only			
Date Submitted to Admin:	_____	*Notes:*	_____
Date Entered in Computer:	_____		_____
Entered into Computer By:	_____		_____

gure: 25 TAC §157.25 (h)(2)

OUT-OF-HOSPITAL DO-NOT-RESUSCITATE (OOH-DNR) ORDER

Print form

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

STOP DO NOT RESUSCITATE

This document becomes effective immediately on the date of execution for health care professionals acting in out-of-hospital settings. It remains in effect until the person is pronounced dead by authorized medical or legal authority or the document is revoked. Comfort care will be given as needed.

erson's full legal name _____ Date of birth _____ ☐ Male ☐ Female

Declaration of the adult person: I am competent and at least 18 years of age. I direct that none of the following resuscitation measures be initiated or continued for me: ırdiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

erson's signature _____ Date _____ Printed name _____

Declaration by legal guardian, agent or proxy on behalf of the adult person who is incompetent or otherwise incapable of communication:

m the: ☐ legal guardian; ☐ agent in a Medical Power of Attorney; OR ☐ proxy in a directive to physicians of the above-noted person who is incompetent or otherwise mentally or physically incapable of communication.

sed upon the known desires of the person, or a determination of the best interest of the person, I direct that none of the following resuscitation measures be initiated or continued for the ırson: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

ignature _____ Date _____ Printed name _____

Declaration by a qualified relative of the adult person who is incompetent or otherwise incapable of communication: I am the above-noted person's:

ı spouse, ☐ adult child, ☐ parent, OR ☐ nearest living relative, and I am qualified to make this treatment decision under Health and Safety Code §166.088.

my knowledge the adult person is incompetent or otherwise mentally or physically incapable of communication and is without a legal guardian, agent or proxy. Based upon the known desires of : person or a determination of the best interests of the person, I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary ;uscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

ignature _____ Date _____ Printed name _____

Declaration by physician based on directive to physicians by a person now incompetent or nonwritten communication to the physician by a competent person: I am the above-noted erson's attending physician and have:

seen evidence of his/her previously issued directive to physicians by the adult, now incompetent; OR ☐ observed his/her issuance before two witnesses of an OOH-DNR in a nonwritten manner.

lirect that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, 'vanced airway management, artificial ventilation.

tending physician's ignature _____ Date _____ Printed name _____ Lic# _____

. **Declaration on behalf of the minor person:** I am the minor's: ☐ parent; ☐ legal guardian; OR ☑ managing conservator.

ı physician has diagnosed the minor as suffering from a terminal or irreversible condition. I direct that none of the following resuscitation measures be initiated or continued for the person: ardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

ignature _____ Date _____

'rinted name _____

TWO WITNESSES: (See qualifications on backside.) We have witnessed the above-noted competent adult person or authorized declarant making his/her signature above and, if applicable, the bove-noted adult person making an OOH-DNR by nonwritten communication to the attending physician.

Witness 1 signature _____ Date _____ Printed name _____

Witness 2 signature _____ Date _____ Printed name _____

otary in the State of Texas and County of _____. The above noted person personally appeared before me and signed the above noted declaration on this date: _____

Ignature & seal: _____ Notary's printed name: _____ *Notary Seal*

Note: Notary cannot acknowledge the witnessing of the person making an OOH-DNR order in a nonwritten manner.

PHYSICIAN'S STATEMENT: I am the attending physician of the above-noted person and have noted the existence of this order in the person's medical records. I direct health care professionals acting in out-of-hospital settings, including a hospital emergency department, not to initiate or continue for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Physician's signature _____ Date _____

Printed name _____ License # _____

F. Directive by two physicians on behalf of the adult, who is incompetent or unable to communicate and without guardian, agent, proxy or relative: The person's specific wishes are unknown, but resuscitation measures are, in reasonable medical judgment, considered ineffective or are otherwise not in the best interests of the person. I direct health care professionals acting in out-of-hospital settings, including a hospital emergency department, not to initiate or continue for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Attending physician's signature _____ Date _____ Printed name _____ Lic# _____

Signature of second physician _____ Date _____ Printed name _____ Lic# _____

Physician's electronic or digital signature must meet criteria listed in Health and Safety Code §166.082(c).

All persons who have signed above must sign below, acknowledging that this document has been properly completed.

Person's signature _____ Guardian/Agent/Proxy/Relative signature _____

Attending physician's signature _____ Second physician's signature _____

Witness 1 signature _____ Witness 2 signature _____ Notary's _____

INSTRUCTIONS FOR ISSUING AN OOH-DNR ORDER

PURPOSE: The Out-of-Hospital Do-Not-Resuscitate (OOH-DNR) Order on reverse side complies with Health and Safety Code (HSC), Chapter 166 for use by qualified persons or their authorized representatives to direct health care professionals to forgo resuscitation attempts and to permit the person to have a natural death with peace and dignity. This Order does NOT affect the provision of other emergency care, including comfort care.
APPLICABILITY: This OOH-DNR Order applies to health care professionals in out-of-hospital settings, including physicians' offices, hospital clinics and emergency departments.
IMPLEMENTATION: A competent adult person, at least 18 years of age, or the person's authorized representative or qualified relative may execute or issue an OOH-DNR Order. The person's attending physician will document existence of the Order in the person's permanent medical record. The OOH-DNR Order may be executed as follows:
Section A - If an adult person is competent and at least 18 years of age, he/she will sign and date the Order in Section A.
Section B - If an adult person is incompetent or otherwise mentally or physically incapable of communication and has either a legal guardian, agent in a medical power of attorney, or proxy in a directive to physicians, the guardian, agent, or proxy may execute the OOH-DNR Order by signing and dating it in Section B.
Section C - If the adult person is incompetent or otherwise mentally or physically incapable of communication and does not have a guardian, agent, or proxy, then a qualified relative may execute the OOH-DNR Order by signing and dating it in Section C.
Section D - If the person is incompetent and his/her attending physician has seen evidence of the person's previously issued proper directive to physicians or observed the person competently issue an OOH-DNR Order in a nonwritten manner, the physician may execute the Order on behalf of the person by signing and dating it in Section D.
Section E - If the person is a minor (less than 18 years of age), who has been diagnosed by a physician as suffering from a terminal or irreversible condition, then the minor's parents, legal guardian, or managing conservator may execute the OOH-DNR Order by signing and dating it in Section E.
Section F - If an adult person is incompetent or otherwise mentally or physically incapable of communication and does not have a guardian, agent, proxy, or available qualified relative to act on his/her behalf, then the attending physician may execute the OOH-DNR Order by signing and dating it in Section F with concurrence of a second physician (signing it in Section F) who is not involved in the treatment of the person or who is a representative of the ethics or medical committee of the health care facility in which the person is a patient.
In addition, the OOH-DNR Order must be signed and dated by two competent adult witnesses, who have witnessed either the competent adult person making his/her signature in section A, or authorized declarant making his/her signature in either sections B, C, or E, and if applicable, have witnessed a competent adult person making an OOH-DNR Order by nonwritten communication to the attending physician, who must sign in Section D and also the physician's statement section. Optionally, a competent adult person or authorized declarant may sign the OOH-DNR Order in the presence of a notary public. However, a notary cannot acknowledge witnessing the issuance of an OOH-DNR in a nonwritten manner, which must be observed and only can be acknowledged by two qualified witnesses. Witness or notary signatures are not required when two physicians execute the OOH-DNR Order in section F. The original or a copy of a fully and properly completed OOH-DNR Order or the presence of an OOH-DNR device on a person is sufficient evidence of the existence of the original OOH-DNR Order and either one shall be honored by responding health care professionals.
REVOCATION: An OOH-DNR Order may be revoked at ANY time by the person, person's authorized representative, or physician who executed the order. Revocation can be by verbal communication to responding health care professionals, destruction of the OOH-DNR Order, or removal of all OOH-DNR identification devices from the person.
AUTOMATIC REVOCATION: An OOH-DNR Order is automatically revoked for a person known to be pregnant or in the case of unnatural or suspicious circumstances.

DEFINITIONS

Attending Physician: A physician, selected by or assigned to a person, with primary responsibility for the person's treatment and care and is licensed by the Texas Medical Board, or is properly credentialed and holds a commission in the uniformed services of the United States and is serving on active duty in this state. [HSC §166.002(12)].
Health Care Professional: Means physicians, nurses, physician assistants and emergency medical services personnel, and, unless the context requires otherwise, includes hospital emergency department personnel. [HSC §166.081(5)]
Qualified Relative: A person meeting requirements of HSC §166.088. It states that an adult relative may execute an OOH-DNR Order on behalf of an adult person who has not executed or issued an OOH-DNR Order and is incompetent or otherwise mentally or physically incapable of communication and is without a legal guardian, agent in a medical power of attorney, or proxy in a directive to physicians, and the relative is available from one of the categories in the following priority: 1) person's spouse; 2) person's reasonably available adult children; 3) the person's parents; or, 4) the person's nearest living relative. Such qualified relative may execute an OOH-DNR Order on such described person's behalf.
Qualified Witnesses: Both witnesses must be competent adults, who have witnessed the competent adult person making his/her signature in section A, or person's authorized representatives making his/her signature in either Sections B, C, or E on the OOH-DNR Order, or if applicable, have witnessed the competent adult person making an OOH-DNR by nonwritten communication to the attending physician, who signs in Section D. Optionally, a competent adult person, guardian, agent, proxy, or qualified relative may sign the OOH-DNR Order in the presence of a notary instead of two qualified witnesses. Witness or notary signatures are not required when two physicians execute the order by signing Section F. One of the witnesses must meet the qualifications in HSC §166.003(2), which requires that at least one of the witnesses not: (1) be designated by the person to make a treatment decision; (2) be related to the person by blood or marriage; (3) be entitled to any part of the person's estate after the person's death either under a will or by law; (4) have a claim at the time of the issuance of the OOH-DNR against any part of the person's estate after the person's death; or, (5) be the attending physician; (6) be an employee of the attending physician or (7) an employee of a health care facility in which the person is a patient if the employee is providing direct patient care to the patient or is an officer, director, partner, or business office employee of the health care facility or any parent organization of the health care facility.
Report problems with this form to the Texas Department of State Health Services (DSHS) or order OOH-DNR Order/forms or identification devices at (512) 834-6700.

Declarant's, Witness', Notary's, or Physician's electronic or digital signature must meet criteria outlined in HSC §166.011

RIO CONCHO TERRACE

TENANT DESIGNATION OF REPRESENTATIVE UPON DEATH PURSUANT TO TEXAS PROPERTY CODE 92.014

In the event of my death, I _____ resident at Rio Concho Terrace, hereby designate _____ (name of designee), as the person to act on my behalf pursuant to Texas Property Code 92.014 in the event that I am the sole occupant of the premises on the date of my death.

My designee's mailing address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Email address: _____

In the event of my death, I hereby authorize Rio Concho Terrace to allow the above-named designee to access my rental unit, remove my personal property, and receive any funds due me from Rio Concho Terrace. The designated person's authority to act will terminate if Rio Concho Terrace receives contrary orders from a court of law naming a personal representative of my estate. My designee shall have thirty (30) days from receipt of notice from Rio Concho Terrace to remove my personal property after which Rio Concho Terrace may dispose of the property as they choose. I understand that this designation will remain in effect until it terminates, is revoked by me or is replaced with a new designation. I also understand that I may change or revoke this designation in writing at any time prior to my death.

_____ _____

Resident Signature Date

EQUAL HOUSING OPPORTUNITY

Texas Property Code § 92.014. Personal Property and Security Deposit of Deceased Tenant

(a) Upon written request of a landlord, the landlord's tenant shall: (1) provide the landlord with the name, address, and telephone number of a person to contact in the event of the tenant's death; and (2) sign a statement authorizing the landlord in the event of the tenant's death to:

(A) grant to the person designated under Subdivision (1) access to the premises at a reasonable time and in the presence of the landlord or the landlord's agent; (B) allow the person designated under Subdivision (1) to remove any of the tenant's property found at the leased premises; and (C) refund the tenant's security deposit, less lawful deductions, to the person designated under Subdivision (1).

(b) A tenant may, without request from the landlord, provide the landlord with the information in Subsection (a).

(c) Except as provided in Subsection (d), in the event of the death of a tenant who is the sole occupant of a rental dwelling: (1) the landlord may remove and store all property found in the tenant's leased premises; (2) the landlord shall turn over possession of the property to the person who was designated by the tenant under Subsection (a) or (b) or to any other person lawfully entitled to the property if the request is made prior to the property being discarded under Subdivision (5); (3) the landlord shall refund the tenant's security deposit, less lawful deductions, including the cost of removing and storing the property, to the person designated under Subsection (a) or (b) or to any other person lawfully entitled to the refund; (4) the landlord may require any person who removes the property from the tenant's leased premises to sign an inventory of the property being removed; and (5) the landlord may discard the property removed by the landlord from the tenant's leased premises if: (A) the landlord has mailed a written request by certified mail, return receipt requested, to the person designated under Subsection (a) or (b), requesting that the property be removed; (B) the person failed to remove the property by the 30th day after the postmark date of the notice; and (C) the landlord, prior to the date of discarding the property, has not been contacted by anyone claiming the property.

(d) In a written lease or other agreement, a landlord and a tenant may agree to a procedure different than the procedure in this section for removing, storing, or disposing of property in the leased premises of a deceased tenant.

(e) If a tenant, after being furnished with a copy of this subchapter, knowingly violates Subsection (a), the landlord shall have no responsibility after the tenant's death for removal, storage, disappearance, damage, or disposition of property in the tenant's leased premises.

(f) If a landlord, after being furnished with a copy of this subchapter, knowingly violates Subsection (c), the landlord shall be liable to the estate of the deceased tenant for actual damages.

_____ _____

Resident Signature Date

RESIDENT FACT SHEET/EMERGENCY DATA

DATE_____

NAME _____ DOB _____

ADDRESS_____ PHONE _____

EMAIL: _____

DOCTOR _____ PHONE _____

ADDRESS _____

HOSPITAL _____ PHONE _____

MEDICARE _____ SSN _____

OTHER INSURANCE _____

EMERGENCY CONTACT(S)

NAME _____ RELATIONSHIP_____

CELL _____ HOME _____ WORK _____

ADDRESS _____

NAME _____ RELATIONSHIP_____

CELL _____ HOME _____ WORK _____

ADDRESS _____

NAME _____ RELATIONSHIP_____

CELL _____ HOME _____ WORK _____

ADDRESS _____

IMPORTANT MEDICAL INFORMATION

KNOWN DRUG ALLERGIES _____

HEALTH CONDITIONS _____

_____

DNR - YES _____ NO _____ OUT OF HOSPITAL _____ IN HOSPITAL _____

CLERGY/RELIGIOUS PREFERENCE: _____

FUNERAL HOME _____ *PHONE*_____

Financial Contact Information

Name:

Address:

City, State Zip:

Email:

Billing should be sent to:

HOUSEKEEPING:

MAY_____ / MAY NOT_____

clean my room if I am not present.

My housekeeping day is _____.

TERRACE PERSONNEL:

MAY_____ / MAY NOT_____

give out my phone number to those who inquire.

Rio Concho Inc. and Rio Concho Manor Inc.
Photograph & Video Release Form

I hereby grant permission to Rio Concho Inc. and Rio Concho Manor Inc. and those acting pursuant to its authority a non exclusive grant to; use of my name in connection with these recordings, the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, modified, copied, exhibited, published, republished, or distributed in whole or in part and waive the right to inspect or approve the finished product wherein my likeness appears. I also understand that this material may be used in diverse settings such as; publication, promotion, illustration, advertising, education, or trade, in any manner or in any medium within an unrestricted geographic area. Furthermore, I grant permission to use my statements that were given during an interview or guest lecture with or without my name, for the purpose of advertising and publicity without restriction. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via broadcast or internet, and that these recordings and images may appear in a variety of formats.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release Rio Concho Inc. and Rio Concho Manor Inc. and those acting pursuant to its authority from liability, claims, and demands for any violation of any personal or proprietary right I may have in connection with such use, including any and all claims for libel, defamation, or invasion of privacy. I understand that all such recordings, in whatever medium, shall remain the property of Rio Concho Inc. and Rio Concho Manor Inc. I have read and fully understand the terms of this release.

Resident's Full Name_____

Resident's Street Address/P.O. Box_____

City _____

Prov/Postal Code/Zip Code_____

Resident's Phone _____ Fax _____
Email Address_____

Resident's Signature_____ Date_____

OR

Signature of Authorized Representative:	
Printed Name:	
Date and Time: (mm/dd/yyyy)	
Please explain Representative's authority to act on the behalf of the resident:	

Witness _____ Date and Time: _____

RIO CONCHO, INCORPORATED

TERRCE POLICY AND/OR PROCEDURE

TITLE: **CARPORT POLICY**

EFFECTIVE DATE: SEPTEMBER 1, 2022

STATEMENT OF PURPOSE:

To establish a policy for the rental and use of the carports at Rio Concho Terrace.

TEXT:

The primary purpose of the carport is to provide covered parking for resident vehicles for residents of Rio Concho Terrace.

Terrace residents shall have first priority for the rental of Terrace carport spaces. If no Terrace resident is currently wanting or waiting for a carport space, then one Terrace carport may be rented by a Terrace family member with the understanding that should a Terrace resident request a carport space the non-resident will vacate the space to allow it to be used by a Terrace resident. If there is no Terrace resident or Terrace family member wanting or waiting for a Terrace carport, then the Terrace carport may be rented by a Manor or Patio Home resident temporarily with the understanding that should a Terrace resident or Terrace family member request a carport space the non-Terrace resident will vacate the space to allow it to be used by a Terrace resident.

No other items other than a vehicle are to be stored in the parking space.

All vehicles must be properly maintained, and all vehicles must have current proper registration.

RIO CONCHO TERRACE
CARPORT PARKING

RESIDENT: _____

ADDRESS: _____

PHONE: _____

CARPORT SPACE: _____

DESCRIPTION: _____

TAG#: _____

FEE: ____ $15.00/Monthly, Terrace does not pro-rate carport fees.

DUE: By the 5th of each month

CANCELLATION: 30 day written notice by Rio Concho or by Resident

REQUIREMENTS: Carport space will be kept neat and clean by Resident
All vehicles must be properly maintained
All vehicles must have current proper registration

PRIORITY:
1. Terrace Residents
2. Terrace Family Member
3. Non-Terrace Rio Concho Residents

_____ _____
Resident Date

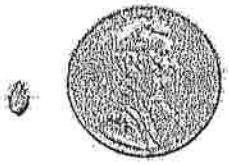
_____ _____
Rio Concho Terrace Date

Preventing Bed Bug Infestations in Our Community

This handout provides information on bed bugs and what you should do if you have or suspect you have a bed bug infestation in your apartment. It also describes your responsibilities as a tenant.

What are bed bugs?
Bed bugs are small, flat, wingless insects. They feed on blood and can be a nuisance for individuals. They are named for their tendency to live on mattresses or other parts of a bed.

What do bed bugs look like?
Adult bed bugs are roughly the size, shape and color of an apple seed: 1/4 of an inch in length and light or reddish-brown in color. Immature forms of bed bugs are smaller and lighter in color. Eggs are tiny and white. You should be able to see the adult form with your naked eye, but may need a magnifying glass to see the immature forms or eggs.



**Adult bed bug-actual size.*

Where do bed bugs live?
Bed bugs can be found anywhere people sleep, sit or lay down. They can be found on mattresses and box springs, especially near the piping, seams and tags, and in cracks and crevices of head boards and bed frames. They can also be found in other furniture, especially in the seams and zippers of chairs and couches, in the folds of curtains, in drawer joints, in electrical outlets, behind picture frames and in other tight spaces.

How can bed bugs get into an apartment?
Bed bugs can get into an apartment by hitching a ride on mattresses or other bedding, furniture, clothing and baggage. Once in an apartment, they can crawl from one room to another, or get into an adjacent apartment by crawling through small cracks or holes in walls or ceilings or under doors.

Because bed bugs do not have wings, they cannot fly into or around your apartment.

What can I do to prevent bed bugs from getting into my apartment?
Bed bugs can be found most anywhere, so ALWAYS be aware of your surroundings. Always check furniture and bedding, especially those bought secondhand, for signs of bed bugs before you buy them. NEVER bring items that someone else has disposed of into your apartment, as these items may be infested with bed bugs. When returning home from travel ALWAYS inspect your luggage carefully for signs of bed bugs before you bring the luggage into your apartment.

What else can I do to prevent a bed bug infestation?
Reduce clutter, especially in bedrooms. Store unused items in sealed containers or plastic bags. Wash and dry bedding often. Check beds and furniture for signs of bed bugs. Purchase mattress and box spring covers.

Do bed bugs transmit disease?
No, bed bugs are not known to transmit disease.

Are there other health concerns related to bed bugs?
Yes. Their bites, like those of other insects, may cause an allergic reaction with swelling, redness and itching. Their presence may cause people to be anxious and lose sleep.

How do I know if I have a bed bug infestation in my apartment?
Though bites may be an indicator of a bed bug infestation, they are generally a poor one as not all people will react to bed bug bites or the bites may be due to other reasons. The best indication of an infestation is to look for physical signs of bed bugs such as live or dead bed bugs, eggs or eggshells or tiny dark spots or reddish stains on mattresses or other places where bed bugs live. Housekeeping will inspect for signs of bed bugs during your weekly housekeeping service.

What should I do if I suspect there are bed bugs in my apartment?
Tenants MUST notify Rio Concho Terrace Management immediately. Tenants SHOULD NOT try to get rid of the bed bugs by applying chemicals, or pesticides as these do not work and could make you or your neighbor's sick.

This is an addendum to the Rio Concho Terrace House Rules. The purpose of this addendum is to prevent bed bug/pest related issues at the property.

Prevention and elimination of bedbugs and other infestations can only be accomplished through cooperation between Rio Concho Terrace and tenants. Rio Concho Terrace expects tenant cooperation in the process of education, inspection, detection, and elimination of bedbugs and other pests. In turn, the tenant may expect fairness in the Rio Concho Terrace enforcement of these guidelines.

The following are protocols for the prevention of bedbugs and other pests:

- New residents must inspect the dwelling within 48 hours upon move-in and notify Rio Concho Terrace management of any evidence of bed bugs, bed bug infestation, or any other pest infestation.
- Housekeeping services will inspect the unit on a weekly basis for any evidence of bed bug infestation.
- Management will raise awareness through education on prevention of infestations.
- Management will provide orientation for new tenants and staff regarding the prevention of bedbugs and other pests.
- Management and pest control professionals will promptly inspect infested areas, plus surrounding living spaces when infestation is suspected.
- Management will keep records – including dates and locations where pests are found.
- Management will conduct follow up on inspections and treatments.
- Residents must check for bedbugs and other pests in luggage and clothes when returning home from a trip.
- Residents must check for bedbugs and other pests or signs of infestation on secondhand items before bringing the items home.
- Residents must work cooperatively with management to treat and clean all items within an infested living area.

- Residents must reduce clutter where bedbugs and other pests can hide.
- Residents must cooperate with management to eliminate habitats of bedbugs and other pests.
- Residents must cooperate with physically removing bedbugs and other pests through cleaning.
- Third-party pest control professionals will be utilized to treat using pesticides carefully according to the label direction.

Tenants must immediately report to Rio Concho Terrace the suspicion of possible bedbugs and any other pests in their apartment or other areas of the property. Tenants are the first line of defense against infestations and are strongly encouraged to create and maintain living environments that deter bedbugs and other pests. Apartment units will be inspected during weekly housekeeping visits for the presence of bed bugs and for unreasonable amounts of clutter that create hiding places for bedbugs and other pests.

Tenants should be advised that Rio Concho Terrace may not deny tenancy to a potential resident on the basis of the tenant having experienced a prior infestation, nor give residential preference to any tenant based on a response to a question regarding prior exposure to bedbugs or other pests.

A tenant reporting bedbugs or other pests may expect an urgent response and attention by Rio Concho Terrace, but should be advised that inspection and, if necessary, treatment of bedbugs and other pests may take time to schedule. Within 24 hours of the tenant report, Rio Concho staff will make contact with the tenant, provide the tenant with information about applicable pests, and discuss measures the tenant may be able to take in the unit before the inspection is performed.

Following a report of bedbugs or other pests, Rio Concho Terrace staff or a qualified third party trained in pest detection will inspect the dwelling unit to determine if bed bugs and/or other pests are present. It is critical that inspections be conducted by trained staff or third-party

professionals to properly identify the pest and the proper course of action to be taken. Rio Concho Terrace staff or authorized third-party professionals may enter the unit to perform these activities, in accordance with the lease.

The inspection will cover the unit reporting the infestation and surrounding adjacent units and will be completed within three business days of a tenant complaint, if possible. If an infestation is suspected but cannot be verified, Rio Concho Terrace will re-inspect the unit(s) periodically over the next several months.

If an infestation is found in the unit, the tenant may expect treatment to begin within five days of the inspection, though depending on the form of treatment, this may not be possible. Tenants should be advised that treatment may take several weeks and repeat visits.

Tenants are expected to cooperate with the treatment efforts by allowing for full access to all areas and furniture for treatment and by refraining from placement of infested furniture or other items in common areas such as hallways. Any items to be discarded must be placed in sealed plastic and removed from the building. Tenant cooperation is shown to expedite the control of bedbugs and other pests and to prevent spreading of infestations.

The tenant is required to follow the instructions provided by the professional exterminator for proper treatment of all personal items and clothing.

The tenant will not be reimbursed for the cost of any additional expense to the household, such as purchase of new furniture, clothing or cleaning services.

Rio Concho Terrace has the right to terminate the tenancy and require all occupants to vacate the rental unit in the event that the:

1. Tenant's action or inaction prevents treatment of an infestation;
2. Tenant fails to comply with the requirements of this policy.

If Rio Concho Terrace terminates the tenancy according to this policy and the tenant vacates within seven (7) days of such notice of termination, the tenant shall be released from any future financial obligations pursuant to the Lease. However, tenant security deposit may be withheld if the infestation is caused or worsened as a result of the tenant's actions or inactions, or as a result of the tenant preventing or hindering treatment.

Rio Concho Terrace will incur all costs of treatment for the initial occurrence of infestation and will assist residents through all stages of treatment. If there are additional occurrences and it is found that they are due to noncompliance of previous preventive instructions given by Rio Concho Terrace staff or any Rio Concho authorized pest control company, the tenant will be held responsible for all costs incurred.

ACKNOWLEDEMENT OF
RIO CONCHO TERRACE BED BUG ADDENDUM

By signing, you have read and fully understand and agree to comply with all guidelines of the Rio Concho Bed Bug Addendum.

By signing, you have read and fully understand and agree to comply with all guidelines.

Tenant(s) Signature
(All adult occupants must sign)

Date of Signing

_____ _____

_____ _____

Staff Member Signature

Date of Signing

_____ _____

Rio Concho Terrace Pendant Form

If you lose or do not return the pendant upon move out of the Rio Concho Terrace, you will be liable for the cost of replacing the pendant.

Resident Name: _____

Apartment #: _____

Pendant Serial Number: _____

Date Received: _____

_____ _____

Resident Signature Date

_____ _____

Terrace Representative Signature Date

Below this line for Terrace staff only

Date Returned: _____ Terrace Staff Initial: _____

RIO CONCHO TERRACE

RESIDENT HANDBOOK

FEBRUARY 2023

Rio Concho Terrace
403 Rio Concho Drive San Angelo, TX 76903
325.658.2662
rcterrace@rioconcho.com
www.rioconcho.com
Like us on Facebook at Rio Concho Retirement Communities

Welcome to the Rio Concho Terrace!

On behalf of the Board of Trustees, Executive Director, and Staff, we welcome you to Rio Concho Terrace.

Please take the time to read and refer to the information provided to help make your move here a smooth one. Our community manager is available to answer questions not addressed in our guide.

QUICK REFRENCE

The Terrace Administrative Office (RCT) is staffed 24 hours a day, seven days a week.

Terrace Office Phone: 325-658-2662

Beauty Shop – Karen Magee
Open on Wednesday, Thursday, and Friday
Call 655-1743 to schedule an appointment and for pricing.

Attire
Everyone is asked to be dressed for the day when leaving their apartments. Please do not wear socks, pajamas, housecoats, curlers, or bare feet in the common areas.

Cafateria opens:	
Breakfast:	7:30 AM – 8:00 AM
Lunch:	11:30 AM – 12:00 PM
Supper:	5:30 PM– 6:00 PM

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ABSENCE

If you plan to be out for the day or be absent for meals, please let the office know. If you plan to be gone for a lengthy visit or outing, please notify the office staff so that if an emergency occurs, we can contact you.

MAIL

Outgoing mail slot and all mailboxes are in the lobby of the first floor next to the office. Each resident will have a key to their box with the number matching their room number. Mail is delivered Monday through Saturday and a sign is posted when the mail has been delivered. All packages and registered mail will be left at the office and may be picked up at any time. The Terrace front office can assist those who wish to send packages and purchase stamps.

DINING ROOM

Resident meals are served from 7:30 a.m.-8:00 a.m., 11:30 a.m.-12:00 noon and 5:30 p.m.-6:00 p.m. Guests will be served after RCT Residents, and they will be directed when to enter. Ordinarily, a line forms before meals as residents enjoy visiting with one another. Those using wheelchairs and scooters should line up to the right. Those using walkers and everyone else to the left. Please keep in mind the Terrace is not assisted living nor a nursing home so we do not follow dietary guidelines as a nursing home does for special diets. Terrace offers dine in food service only. No takeout or to go containers are permitted. Only trays requested via the office and delivered by Terrace staff will be allowed. At any time before or in between meals the Terrace does not serve, deliver, or purchase snacks or drinks on your behalf. If you desire a snack the Terrace store has a variety of sweet and salty snacks available for residents to buy at a nominal fee. Guests from the other Rio Concho Communities are encouraged and welcome to join in any meal for a fee.

TRAY DELIVERY

Meal tray delivery is available for any meal for a charge of $3.00. If a resident is on subsidy tray charges still apply. **Monthly charges are closed out on the 20th of each month and any charges after are added to the next month's billing cycle.** Courtesy of Terrace management, tray delivery is provided at no-charge for seven consecutive days following any hospital or rehab stay. Unused tray delivery cannot be used at a later date.

LOBBY AREAS

The Terrace has three lobby areas for the use of residents and their families and scheduled activities. Please do not bring any beverages or food to lobby areas.

LOUNGE AREA

The lounge room is open 24/7 for resident use and is located on the first floor. Coffee will begin brewing at 5am in the lounge. All common area televisions are connected to the extended cable package for your enjoyment.

PATIO AREA

The outside patio is available for the use of residents, their families, and scheduled activities. It is also available for private parties for a $25.00 fee. Please inquire at the office to schedule. No bird or stray animal feeding is allowed on the Patio or in front of the building or sidewalks.

COVERED PARKING

The fee for carport parking if available is $15.00 per monthly. The monthly Terrace carport fees are not pro-rated. The primary purpose of the carport is to provide covered parking for resident vehicles for residents of Rio Concho Terrace. Terrace residents shall have first priority for the rental of Terrace carport spaces. If no Terrace resident is currently wanting or waiting for a carport space, then one Terrace carport may be rented by a Terrace family member with the understanding that should a Terrace resident request a carport space the non-resident will vacate the space to allow it to be used by a Terrace resident. If there is no Terrace resident or Terrace family member wanting or waiting for a Terrace carport, then the Terrace carport may be rented by a Manor or Patio Home resident temporarily with the understanding that should a Terrace resident or Terrace family member request a carport space the non-Terrace resident will vacate the space to allow it to be used by a Terrace resident. No other items other than a vehicle are to be stored in the parking space. All vehicles must be properly maintained, and all vehicles must have current proper registration.

TEN MINUTE PARKING

Visitors, sitters, and guest must park in the open parking spaces provided in the lot at the North side of the Terrace. The four spaces directly in front of the Terrace are for picking up and dropping off residents only. Please advise your guests to leave the four front-door parking spaces and the fire lane open. Handicapped visitors and guests will be accommodated by the manager as needed.

REPAIRS AND MAINTENANCE

All requests for maintenance must be made by calling the office staff (325-658-2662) or by stopping in at the office at your convenience. Workorders will be fulfilled in order of importance not by when the workorder was placed. Our maintenance worker is not a mover. Please obtain your own moving services for move in/out. **Regarding move outs a standard cleaning fee will be taken out of your security deposit according to the size of your apartment. Cleaning fee: studio $50, 1 bedroom $100, joined studio $150, two bedroom $200, cottage $200.**

REPAIRS AND ALTERATIONS

Management will make when needed, in its opinion, any alterations, repairs, replacements, or restorations in and about the Terrace or any of its fixtures or equipment. Resident shall notify management of the need of any such alterations, repairs, replacements or restorations. Resident shall not, without the prior written consent of management, make any such alterations, repairs, replacements or restorations.

TERRACE SECURITY DEPOSIT

Security deposits at the Terrace are equal to the amount of first month's rent. A security deposit must be paid to reserve or secure an apartment and must be paid prior to moving into the apartment, this includes internal transfers. Security deposits will stay on file for the entire period you occupy the unit. Once you have moved out the security deposit will be primarily used for the turnover maintenance of the unit and may also be used to pay on any balance you have at the Terrace. Maintenance repairs to the unit are at the discretion of the Community Manager. I understand that receiving any deposit refund is not guaranteed. I agree to forfeit 50%(half) of the security deposit, if you have decided for any reason not to move into the Rio Concho Terrace apartment. Any modifications to this policy must have written approval from the Terrace Community Manager

TELEPHONE

Telephone service may be obtained via Optimum at
844-874-7558.

TV CABLE SERVICE

Basic cable is provided to you in your room and covered by your rent. Should you desire extended cable or premium channels, you can order those services by calling Optimum at 844-874-7558. They will bill you separately. Satellite service is unavailable in our building. For those who do not wish to upgrade the cable in their apartments, all common lobby areas TV's have the extended package available for your enjoyment.

INTERNET

The Terrace does not provide internet however there is free guest Wi-Fi within the first-floor lobby area only. If you desire internet in your room, you can order those services by calling Optimum.

TRANPORATION SERVICES

RCT offers complimentary shuttle car service to and from medical appointments between 8:00 a.m. and 3:30 p.m. These rides may be scheduled at the Terrace front office. Rio Concho staff is not authorized to make, change, cancel, or attend medical appointments. Staff does not wait with the resident during their appointment.

Personal Transportation may be scheduled weekdays between 9:00 a.m. and 3:30 p.m. within the San Angelo city limits with 24-hour advanced notice. These rides are scheduled through our Terrace front desk. These may be paid at the time of service or charged to the room. One way: $5.00. Round Trip: $10.00. **Monthly charges are closed out on the 20th of each month and any charges after are added to the next month's billing cycle.**
Transportation is offered weekly to shopping centers, please see the monthly activity calendar for the dates. Residents may sign up to go at the office.

RECREATION SERVICES

A full-time Activity Coordinator is on staff and coordinates all social activities schedules. Everyone is encouraged to participate in the wide range of activities available for your enjoyment. A monthly newsletter with calendar is provided to each resident. Private parties may be arranged through the Activity Director.

COOKING

Electric heaters, hot plates, ovens, and pressure cookers are not allowed in our apartments.

BEAUTY SALON

The beauty salon is located on the first floor. Full services are provided to include manicures and pedicures and pricing is set by the salon operator. The beauty shop is open Wednesday, Thursday, and Friday and residents schedule their own appointments 325-655-1743.

ENTRY/EXIT DOORS

Residents, visitors, and staff must use the front door for entry and exit of the building. All other doors are for emergency use only. Only one walker, wheelchair, or scooter are allowed outside your door.

SMOKING

The Terrace is a Smoke Free facility. Smoking is only allowed outside 15' from patio entrance or corridor per city ordinance.

ELEVATORS

Three elevators are provided for your convenience. The two primary resident elevators are in the main lobby area and one large service elevator at the end of the hall as you enter the buildings front door. Elevators are inoperable in fire situations.

NOTARY PUBLIC

A Notary is available free of charge for our residents during normal business hours.

COPY MACHINE

Black and white letter and legal sized photocopies may be made at the office for $0.25 cents per page.

SECURITY

The Terrace Staff provides the day and evening security duties. A Security Guard patrols our campus daily from 9:00 p.m. to 5:00 a.m. and checks in with the Terrace staff on the hour. They are also in contact should they be needed. RCT staff monitors the interior common areas and corridors throughout the night.

FIREARMS

Firearms are not allowed within our building by law.

TORNADO CONDITIONS

In the event of a Tornado Alert Siren or Actual Tornado condition, immediately move away from windows. Residents will be asked to come to the first floor and assemble in the inner hallway leading to the dining room. If you are unable to hear the siren, our staff members will personally contact you to ensure you receive the notification and move to a safer location.

FIRE PLAN

When our main Fire Alarm sounds, the Fire Department is automatically dispatched. All hall-way doors automatically close to compartmentalize any fire and Elevators are disabled. Our building is also equipped with smoke detectors and a sprinkler system. The Fire Chief advises residents stay in their rooms or stairwell landings until evacuated by the Fire Team. Although no building is fire-proof, our no smoking – no stove cooking in the rooms policy has enhanced your safety. We are fortunate we have never had an actual fire here however, we must all be prepared should a fire occur.

GUESTS

A limit of two guests per apartment may stay overnight at the Rio Concho Terrace. Rio Concho Terrace defines overnight as 8:00 p.m. to 8:00 a.m. Guest may stay a maximum of 14 days in a six-month period or 7 nights consecutively on the property. Any guest residing at the property for more than 14 days in a six-month period or spending more than 7 nights consecutively is in violation of Rio Concho Terrace policies. Any violation of the Rio Concho Terrace policies may result in termination of the resident's lease and tender any rent therefore paid on account of the then unexpired term and Tenant will then surrender the apartment to Rio Concho Terrace. At the discretion of Rio Concho Terrace, it may allow a new tenant to be added to the lease however, Rio Concho Terrace may increase the rent any time a new tenant is added to the lease.

CAREGIVER POLICY

When a resident requires a live-in care giver the following policies will apply:

a. There must be a written certification from a physician that a caregiver is needed;
b. No more than one live-in caregiver may be present at a time;
c. No family members of a caregiver may stay overnight in the residence if not otherwise allowed by Rio Concho's rules;
d. The presence of the caregiver does not alter the provisions on visitors, except that the caregiver is excepted from the visitor provision;
e. All rules regarding visitors shall apply to a caregiver's relatives, whether or not the caregiver or caregiver's relatives are related to the Resident;
f. The caregiver is ignored for purposes of when the unit is vacant or must be released;
g. The caregiver acquires no rights to remain in the residence in the event the resident vacates; and
h. The caregiver and his/her employer, and the resident, must sign an agreement that requires the caregiver to abide by all requirements of Rio Concho's rules and regulations for occupants except for age limits

Caregiver agreement will be placed in the resident's file.

LAUDNRY

Full laundry facilities are available on site. Each resident is responsible to do their own personal laundry. Terrace cannot launder bedspreads, blankets, quilts, duvets, pillows, comforters, personal clothing or plastic lined fitted sheets. Washers and dryers are located on the first-floor laundry room. The machines are coin operated machines at $0.75 per cycle. An iron and board are available for your use. When not in use by Terrace housekeeping a commercial washer and dryer are available to use at a rate of $1.50 per cycle. Please pay the commercial washer and dryer fee to the Terrace front office. Rio Concho Terrace provides complimentary laundering of flat and fitted sheets without the plastic lining, and bath linen. Flat sheets, fitted sheets, and bath linens will be picked up on the day your apartment is cleaned and will be delivered the next morning. The Terrace may wash your bath rugs but will not be held responsible for replacing the item if damaged. Residents may utilize outside laundry services and dry-cleaning services for personal clothing through our partnership with Holiday Cleaners. This cleaning service is billed on the monthly statement. Prices will vary. The Terrace office can provide residents with further details.

HOUSEKEEPING

Housekeeping is done once a week. If you deny housekeeping when they arrive at your apartment you forfeit your housekeeping for the week. Management may have to move your housekeeping to a different day if your housekeeper is out sick or if your housekeeping day falls on a significant holiday. Between housekeeping days, you are responsible for taking out your trash bags and cleanup of any spills or accidents within your apartment. It is your responsibility as the resident to put your general trash and used facial tissue, toilet paper, wipes, pads, depends, and bed pads in the trash and not left on the floor or around the apartment for housekeeping to put in trash bags for you. On housekeeping day, the housekeeper will throw out the trash bags in your apartment and will do light trash pickup. Housekeeping will not be responsible for cleaning a fridge other than the refrigerator the Terrace provides with the apartment. Housekeeping is not responsible for washing your dishes. Once a week housekeeping consists of light dusting and wiping of counters and tables. Sweeping, vacuuming, and or moping the floors. Throwing out the trash and cleaning the bathroom and dressing the bed with your clean linens. Housekeeping is not responsible to dispose of human waste that is left in the shower, on clothing, or tossed on the floor. Human waste or used toilet paper must be disposed of by the resident in the toilet or in a tied trash bag. Used bed pads, depends, or feminine products must be put in a tied trash bag and taken to the trash bin daily. There are trash bins located on each floor in the mechanical room for residents to throw their tied trash bags. If you have any questions, please speak with the community manager.

PERSONCAL CARE ISSUES

Should you require assistance with managing medications, bathing, or other personal requirements you may engage home health agencies or nursing health care workers if you choose. To help you find and acquire assistants the Terrace invites you to speak with our Terrace Resident Liaison so she can assist you in finding the services you need. Residents must be able to keep a healthy state of hygiene and keep their room in a sanitary condition. Fecal matter that cannot be flushed in a toilet must be disposed of in a trash bag and tied and thrown away within the same day. This includes used facial tissue, wipes, toilet paper, depends, and bed pads. Trash bins are located on each floor in the mechanical room. Please take out your trash containing fecal matter, depends, and beds pads daily. Allowing this type of waste to stack up will not be accepted. It has become an unhealthy sanitation issue. On housekeeping day, the housekeeper will throw out the trash bags in your apartment. Clothes or undergarments with human waste must be removed and disposed of properly before use of Terrace laundry machines. Clothes and linens with urine must be prewashed or put through a rinse cycle before beginning a complete wash cycle. Rio Concho Terrace is an independent living community. No personal care or medical services are provided. For further information please consult your lease agreement or the Community Manager.

HOARDING

No hoarding will be tolerated. Hoarding cases are left to the discretion of the manager. Air conditioner and heat units should be kept free of clutter.

RESIDENT LEASE AGREEMENT TERMINATION

The lease agreement may be terminated by the Resident at any time by the giving of thirty (15) days written notice of termination in which event the return of the rent payment to the resident shall be governed by the provisions of the lease agreement.

The Board of Trustees of Rio Concho, Inc. may terminate the lease agreement of a Terrace resident if one or more of the following conditions exist:

1. Non-payment of rent in accordance with the provisions set forth under the heading "Lease".
2. Inability of resident to live independently and the refusal by resident and/or resident's responsible party, to provide adequate alternate in-home care.
3. When the resident's physical or mental health creates a situation that is a danger to him/herself or others.
4. When a resident becomes incontinent and fails to take the necessary precautions to prevent odor and/or damage to the unit.
5. Abuse and/or intentional damage to one's Terrace apartment or any other property belonging to Rio Concho, Inc.
6. When resident becomes a constant disturbance to other residents and/or disrupts the lifestyle of the community.
7. Failure of resident to adhere to the guidelines and policies as set forth by Rio Concho, Inc.
8. Failure of resident to adhere to the terms and conditions as set forth in the lease agreement between the resident and Rio Concho, Inc.

It is not the intent of the management or the Board of Trustees of Rio Concho, Inc., to remove any resident from his/her apartment, but potentially dangerous and/or harmful situations must be considered by the management and the Board of Trustees of Rio Concho, Inc. If, in the judgment of management, any of the above listed situations should occur, the resident and/or the resident's responsible party will be contacted in an attempt to correct the problem, if possible. If no solution is possible, action will be taken in accordance with Paragraph 4.B. of the lease agreement.

PETS

Except for the certified therapy or approved emotional support animals, pets are not allowed overnight. Friends and family may bring pets while visiting in between 9:00 a.m. and 4:00 p.m. No pets are allowed in the dining room. All pets must be on a leash, held, or in pet carrier when out of your apartment. The pet rule does not apply to the Cottage out-building.

Emotional Support Animal Policy

Rio Concho Terrace does not allow pets in our community with the exception of Service Animals and approved Emotional Support Animals. A service animal means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Tasks performed can include, among other things, pulling a wheelchair, retrieving dropped items, alerting a person to a sound, reminding a person to take medication, or pressing an elevator button.

Emotional support animals, comfort animals, and therapy dogs are not service animals under Title II and Title III of the Americans with Disabilities Act. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals either. The work or tasks performed by a service animal must be directly related to the individual's disability. It does not matter if a person has a note from a doctor that states that the person has a disability and needs to have the animal for emotional support. A doctor's letter does not turn an animal into a service animal. Service animals as defined by the ADA are welcome at Rio Concho without restrictions. All other animals are considered support animals and are allowed at our community under the following guidelines.

Residents requesting an accommodation for an Emotional Support Animal must submit appropriate documentation signed and dated by licensed medical provider that includes the following information:

- The resident's name.
- Whether the health care professional has a professional relationship with the resident involving the provision of health care or disability related services, and the type of animal for which reasonable accommodation is sought.
- If the animal is not a dog, cat, or other small domesticated animal is that is traditionally kept in the home, a statement detailing any unique circumstances justifying the resident's need for a particular animal.

After Rio Concho Communities has received appropriate documentation in support of an accommodation of an Emotional Support Animal the resident is responsible for submitting a signed Emotional Support Animal Procedure Acknowledgement and Information Form along with any other required documentation for final approval.

No emotional support animal will be permitted in Rio Concho Communities that:

- Is not approved by the Rio Concho Management
- Poses a direct threat to the health or safety of others
- Would cause substantial physical damage to the property of the Rio Concho or other residents.
- Would pose an undue financial and administrative burden to Rio Concho
- Would fundamentally alter the nature of Rio Concho Retirement Communities operations

All approved emotional support animals must comply with applicable laws regarding animals and their treatment and care and also meet the following standards:

- All required immunizations must be up-to-date and a copy of the immunizations must be submitted Rio Concho.
- Animals must be licensed, and a copy of the license submitted to Rio Concho.
- Animals must be spayed or neutered. A copy of the veterinarian's report must be on file with Rio Concho.
- Collars and tags must be worn at all times. Pets must be kept on a leash or in a carrier at all times when outside the residence. Animals must never be allowed to run freely.
- Animals must possess friendly and sociable characteristics. A specific animal can be restricted from the premises based on any confirmed threatening or territorial behavior.
- Pet obedience and training programs are highly recommended.

Health, sanitary, safety, and disruptive standards must be maintained as follows:

- An animal requires daily food and attention, as well as a daily assessment of their general health, behavior, and overall welfare. Residents are solely responsible for the daily needs of their animal.
- An animal cannot be left unattended overnight at any time. If the owner must be away, they must either take the animal with them or make arrangements for them to be cared for elsewhere.
- Emotional support animals must not be taken into the dining room, administrative offices, or common areas.
- Animal feces, defined any solid animal waste, including cat litter box contents, must be disposed of properly. It is the owner's responsibility to remove feces, dispose of it in a plastic bag, and then place that bag in the garbage dumpsters outside. Animal feces may not be disposed of in any trash receptacle or through the sewer system inside the building. Residents with dogs must immediately remove feces and dispose of it in the garbage dumpsters outside. Residents with cats must properly maintain litter boxes. In consideration of the health of the cat and occupant of the apartment, cat litter box contents must be disposed of properly and regularly. The litter box must be changed with new cat litter regularly as outlined by the manufacturer. Rio Concho staff is not responsible for removing animal feces or changing litter boxes.
- Animal accidents within the apartment must be promptly and thoroughly cleaned up using appropriate cleaning products. The odor of an animal emanating from an apartment is not acceptable. Regular and routine cleaning of floors, kennels, cages, and litter boxes must occur. Rio Concho staff is not responsible for cleaning up after animal accidents.
- Any flea or pest infestation must be attended to promptly by a professional extermination company at owner's expense. Owners are expected to promptly notify Management and arrange for extermination when a flea or pest problem is noted. Animal owners may take some precautionary measures such as: flea and pest medications prescribed by veterinarians, flea and tick collars, taking your animal to the veterinarian for flea and tick baths. Because not all of the precautions listed here can prevent flea and tick infestations, the owner is responsible for any extermination costs associated with their animal.
- Animals must not be allowed to disrupt others (e.g., barking continuously, growling, yowling, howling, etc.).
- Animals which constitute a threat or nuisance to staff, residents or property, as determined by Management, must be removed within seven (7) days of notification. If Management determines that the animal poses an immediate threat, animal control may be summoned to remove the animal. If the behavior of an animal can be addressed by the owner and the owner can change the behavior of an animal so that the pet does not have to be removed, then a written action plan must be submitted by the owner. The action

plan must outline the action that will take place to alleviate the problems and also must give a deadline as to length of time the plan will take. Any action plan must meet the approval of Management. The day after the deadline for removal from the apartment, Rio Concho staff will do an inspection to check damages and infestation and then the mandatory cleaning and extermination will be scheduled. Any animal owner found not adhering to the removal directive may be subject to lease termination.

- An animal must not be involved in an incident where a person experiences either the threat of or an actual injury as a result of the animal's behavior.
- The animal owner will take all reasonable precautions to protect staff and residents; as well as the property of Rio Concho and of the residents.
- The owner will notify Management if the animal has escaped its confines and is unable to be located within twelve (12) hours.
- All liability for the actions of the animal (bites, scratches, etc.) is the responsibility of the owner.

Violations concerning any of the aforementioned may result in the resident having to find alternative housing for the animal and, as warranted, may also result in a resident being in breach of their lease contract.

Cleaning and Damages

- When the resident moves out of his/her apartment, or no longer owns the animal the apartment will be assessed to determine if damage to Rio Concho property is attributed to the animal. Rio Concho maintains the right to conduct apartment inspections for the purpose of assessing damage caused by the animal or otherwise determine the resident's compliance with this procedure.
- Damages and extraordinary cleaning caused by the animal are the responsibility of the resident. Replacement or repair of damaged items will be the financial responsibility of the owner.

Alternate Caregiver:

Residents must provide the contact information for an Alternate Caregiver. The Alternate Caregiver will be contacted in the event of an emergency, if the resident cannot care for their emotional support animal due to illness/incapacitation, or if neglect or abuse of the animal is suspected. The Alternate Caregiver is responsible for fulfilling all obligations of the Resident set forth within this document for the entire duration of time that the Resident is unable to do so. When an Alternative Caregiver is needed, Rio Concho will make possible every attempt to contact the Alternate Caregiver. If this is not successful, local animal control may be contacted to have the animal removed.

Resident Statement for Approved Emotional Support Animals And Acknowledgement of Emergency Contact/Secondary Home

As the resident caretaker for an approved animal, I have read and accept the Rio Concho Emotional Support Animal Policy, and make the following statements:

Initial next to each statement:

____I have provided a certificate signed by a licensed veterinarian, indicating that my animal is up-to-date on all vaccinations and is spayed or neutered (as appropriate).

____My animal is licensed (as appropriate) and must wear a collar and tag at all times.

____My animal is house broken, well-groomed, odor free, and not infected with external parasites (e.g., ticks, fleas or lice).

____I understand that my animal must be on a leash at all times while on campus and additionally must be controlled by verbal commands.

____I understand that I am responsible for the daily care and well-being of the animal.

____I understand that my animal cannot be left unattended for an extended period of time and cannot be left unattended overnight at any time.

____I understand that I am responsible for the sanitary disposal of my animal's waste.

____I understand that my animal is not to be taken into the dining areas, administrative offices, or common areas except to pass through when entering or exiting the building.

____I understand that I am liable and responsible for my animal's behavior and activities, including property damage, and am personally responsible for any costs incurred.

____I understand that I must follow all procedures and requirements as outlined in the Emotional Support Animal policy.

____I understand that if the animal injures someone, I am responsible, and Rio Concho Communities is in no way liable.

____I have provided emergency contact information for an emergency/secondary home and understand that Rio Concho staff will attempt to contact my emergency/secondary home if needed for emergency, in the event I become unable to care for my animal, or if abuse or neglect of the animal is suspected.

____ I understand that Rio Concho Communities reserves the right to re-visit this accommodation in the event that the animal becomes a nuisance and/or I do not follow the terms of the accommodation.

Resident Signature: _____ Date: ____/____/_____

Resident Printed Name: _____

Animal Name: _____

Animal Type: _____

The Alternate Caregiver will be contacted in the event of an emergency, if the resident cannot care for their emotional support animal due to illness/incapacitation, or if neglect or abuse of the animal is suspected. The Alternate Caregiver is responsible for fulfilling all obligations of the Resident set forth within this document for the entire duration of time that the Resident is unable to do so. When an Alternative Caregiver is needed, Rio Concho will make possible every attempt to contact the Alternate Caregiver. If this is not successful, local animal control may be contacted to have the animal removed.

CONTACT INFORMATION FOR ANIMAL'S EMERGENCY/SECONDARY HOME

Name: _____

Signature: _____ Date: ____/____/_____

Relationship to Resident: _____

Phone number: _____

Address: _____

TERRACE RESIDENT HANDBOOK AGREEMENT

I/we acknowledge receipt of the RIO CONCHO TERRACE RESIDENT HANDBOOK, dated ***February 2023***. I agree to read this entire document and adhere to the rules and procedures set forth.

_____	_____
Resident, Print Name	*Date*
_____	_____
Resident Signature	*Date*
_____	_____
Resident, Print Name	*Date*
_____	_____
Resident Signature	*Date*

Prospective residents will each need to complete their own set of forms throughout the move-in process, **with the exception** of the *Resident Handbook* and the *Application for Apartment*, which have signature lines for Applicant 1 and Applicant 2.

Below is what will be needed as soon as possible before lease-signing day.

Forms Needed Prior to Lease Signing

Please complete and return the following forms:

1. **Financial Assistance Application with all supporting documentation – (if applicable)**
2. **Security Deposit Agreement with security deposit funds**– agreement for each resident
3. **Tenant Designation Form** – one for each resident
4. **Texas Property Code Form** – one for each resident
5. **Authorization to Release Information** – one for each resident
6. **Application for Apartment Form** – one per couple (signature lines for Applicant 1 & 2)
7. **Affirmation of Ability to Live Independently** – one for each
   This form is a required and critical document for all incoming residents. It must be completed by a licensed medical professional prior to lease signing day. Any recommendations or notes indicated on the form must be addressed and implemented unless otherwise approved by management. Lease signing cannot be scheduled without this completed documentation. Please review the form carefully and ensure all requirements are met in advance to avoid any delays.

Email completed forms to the following below: This ensures that each of us is aware of where the prospective resident is in the process and allows any of us to assist as needed and provide timely support without delays.

Scott Zaruba – rctmanager@rioconcho.com
Office Manager – rcterrace@rioconcho.com
Please also CC Marketing Director & Resident Liaison: ciria@rioconcho.com

What to Expect on Lease-Signing Day - Incoming Residents

Resident(s) will meet with Scott, Terrace Community Manager. He will:

1. Collect any remaining required forms (listed below).
2. Review the lease with them and collect first month or pro-rated rent payment.
3. Sign the lease and have resident(s) sign.
4. Provide signed lease copy for their records.
5. Review the Bed Bug Policy and obtain their signatures.
6. Provide each of them with an emergency pendant and have them sign the pendant receipt form.
7. Provide apartment keys and mailbox keys.
8. Show them their apartment, review the layout, and answer any questions they may have.

Forms / Items Scott will request and Needs on Lease-Signing Day

- Resident Fact Sheet (required)
- IDs (to be copied, required)
- Insurance Card/Medicare Card (if available, to be copied)
- Social Security cards (to be copied, required)
- Financial Contact Information Page (required)
- Signed *Terrace Resident Handbook* (required, signature page)
- Completed Emergency Cards (required)
- Advanced Directives (if available, to be copied)
- MPOA, POA, DPOA (if available, to be copied)
- Living Will (if available, to be copied)
- Out-of-Hospital DNR (optional)
- Carport Parking (optional)
- Electronic Funds Form (optional but preferred; include a voided personal check)

Thank you for your prompt attention to these details. If you need clarification or assistance, you may contact the Rio Concho Terrace at 325-658-2662 or by mail at 403 Rio Concho Drive, San Angelo, TX 76903.