



**North Carolina Department of Health and Human Services**  
**Division of Health Service Regulation**  
**Adult Care Licensure Section**  
**2708 Mail Service Center**  
**Raleigh, North Carolina 27699-2708**  
**(919) 855-3765**  
<https://info.ncdhhs.gov/dhsr/acls>

**Initial Registration Application for Multi-Unit Assisted Housing with Services**

This MAHS registration application must be completed and submitted **with the facility’s disclosure statement** (per Legal Requirements for Registration and Disclosure on website) to the Division of Health Service Regulation along with a nonrefundable **registration fee of \$350** as required by G.S. 131D-2.5(b). It must be signed by the individual owner, administrative officer, member of the governing board, or other designated individual on whom rests the responsibility for the operation of the residence. Please check appropriate boxes below and/or fill in the blanks. Complete all parts of the form. Put N/A if not applicable. If additional space is required, please attach to this form.

1. Legal Identity of Registrant:

\_\_\_\_\_ [Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise for which this form is submitted]

Doing Business As (d/b/a) - names(s) under which the facility is advertised or presented to the public:

Primary d/b/a name: \_\_\_\_\_

Other: \_\_\_\_\_

Facility Site Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Building Owner (if different from Registrant) \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

1.

For-Profit	Not For-Profit	
		Corporation: Chartered by the State of North Carolina
		Corporation: Chartered by another State
		Partnership
		Individual
		Church Affiliation: _____
		Other Affiliation: _____

3. Parent Corporation (Name/Mailing Address): \_\_\_\_\_  
 \_\_\_\_\_

Publicly Traded  Privately owned  Other:\_\_\_\_\_

Name of the legal entity responsible for the financial and contractual obligations of the facility: \_\_\_\_\_  
\_\_\_\_\_

4. Number and Types of units in the Multi-Unit Assisted Housing with Services:

Number of Units	Type of Units
	Studio or Efficiency Units (1-2 beds with kitchen area)
	One Bedroom Units (up to 2 beds in a single bedroom arrangement)
	Two-Bedroom Units (apartment-style arrangement)
	More Than Two-Bedroom Units (apartment-style arrangement)

Total # of beds in all of the units listed above: \_\_\_\_\_

5. The licensed home care or hospice agency with which applicant facility has a financial interest, affiliation or formal written agreement to make personal care services accessible to residents who need them:

Name: \_\_\_\_\_ License Number: \_\_\_\_\_ County \_\_\_\_\_

6. The undersigned submits this registration in accordance with North Carolina General Statute 131D-2.1(10). To the best of my knowledge the information provided in this registration is true and correct.

\_\_\_\_\_  
Name of Operator of the MAHS (Please print or type)

Title: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature

Name, telephone number and email address of contact person concerning this registration form:

**Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

<p>For office Use Only</p> <p>Fee Received _____</p> <p>Date Received _____</p> <p>Disclosure Received _____</p> <p>Accept _____ Denied _____</p>
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