



# Confidential Resident Application

Name of prospective resident: \_\_\_\_\_

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

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

Marital Status:    Married    Widowed    Single    Divorced

To whom should we address correspondence (if other than the applicant)?

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

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

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Who is the applicant's next of kin?

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

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

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Has the applicant been hospitalized in the last twelve (12) months?    Yes    No

If yes, when and why? \_\_\_\_\_

\_\_\_\_\_

Does the applicant have a history of mental illness, aggressive behavior or substance abuse?    Yes    No

If yes, specify which: \_\_\_\_\_

\_\_\_\_\_

What is the applicant's current living situation? \_\_\_\_\_

\_\_\_\_\_

How long can this situation continue: \_\_\_\_\_

Has the applicant ever been a resident of any other home or institution?    Yes    No

If yes, give name and address: \_\_\_\_\_

\_\_\_\_\_

Please provide names and telephone numbers of two persons (non-family members) who are well-acquainted with the applicant:

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL STATEMENTS**

*The financial statement is part of the confidential resident application which is made part of the admission agreement. You warrant that all statements herein, are true and correct.*

Provide a complete listing of your resources below:

**ASSETS**

Value of Real Estate     \$ \_\_\_\_\_  
Investments                 \$ \_\_\_\_\_  
Savings Accounts         \$ \_\_\_\_\_  
Other                         \$ \_\_\_\_\_  
Total Assets                \$ \_\_\_\_\_

**MONTHLY INCOME**

From Social Security     \$ \_\_\_\_\_  
Pension & Retirement    \$ \_\_\_\_\_  
Annuities                   \$ \_\_\_\_\_  
Investments                \$ \_\_\_\_\_  
Other                         \$ \_\_\_\_\_  
Total Income                \$ \_\_\_\_\_

List any debts, obligations, mortgages, etc. that may affect the above assets or income:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Your bank(s):

Name \_\_\_\_\_ Location \_\_\_\_\_  
Name \_\_\_\_\_ Location \_\_\_\_\_  
Name \_\_\_\_\_ Location \_\_\_\_\_

Trust Officer (if applicable) \_\_\_\_\_

The resident understands that the provider will rely on the residents list of assets and income discribed herein. The resident agrees that the foregoing information is complete, accurate and true in all respects. The resident agrees, if admitted, to abide by the regulations of the community.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application received by \_\_\_\_\_