



# RESIDENCY APPLICATION

## PERSONAL INFORMATION

Applicant's Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

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

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

Home Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Religious Institution Preference: \_\_\_\_\_

Present Housing (*apartment, private home, condo, ALF, etc.*): \_\_\_\_\_

Previous Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Do you drive a car?  Yes  No Will it be kept on the premises?  Yes  No Make/Model: \_\_\_\_\_

## SPOUSE'S PERSONAL INFORMATION

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Cell Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Religious Institution Preference: \_\_\_\_\_

Previous Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

## INSURANCE AND PHYSICIAN INFORMATION

Applicant's Medicare #: \_\_\_\_\_ Spouse's Medicare #: \_\_\_\_\_

Supplemental Insurance: \_\_\_\_\_ Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Spouse's Supplemental Insurance: \_\_\_\_\_ Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Long-Term Care Insurance: \_\_\_\_\_ Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ Fax:( \_\_\_\_\_ ) \_\_\_\_\_

Dentist: \_\_\_\_\_ Podiatrist: \_\_\_\_\_

Other Specialist: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

## FAMILY MEMBERS

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Work Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone:( \_\_\_\_\_ ) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Work Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone:( \_\_\_\_\_ ) \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Work Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone:( \_\_\_\_\_ ) \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Work Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone:( \_\_\_\_\_ ) \_\_\_\_\_

## POWER OF ATTORNEY / GUARDIAN (IF APPLICABLE)

Guardian/POA (*circle one*) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Work Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone:( \_\_\_\_\_ ) \_\_\_\_\_

## THE INN ON THE POND FINANCIAL STATEMENT

*(All information will be held confidential.)*

### REGULAR MONTHLY

<u>INCOME</u>	<b>1<sup>st</sup> Person</b>	<b>2<sup>nd</sup> Person</b>	<u>ASSETS</u>	<b>1<sup>st</sup> Person</b>	<b>2<sup>nd</sup> Person</b>
Social Security	\$ _____	\$ _____	Cash ( <i>Savings &amp; Checking</i> )	\$ _____	\$ _____
Pension	\$ _____	\$ _____	CDs, Money Markets, etc.	\$ _____	\$ _____
Dividends	\$ _____	\$ _____	Stocks & Bonds	\$ _____	\$ _____
Interest	\$ _____	\$ _____	IRAs/Annuities	\$ _____	\$ _____
Property Income	\$ _____	\$ _____	House or Condo	\$ _____	\$ _____
IRA Income	\$ _____	\$ _____	Other Real Estate	\$ _____	\$ _____
Trust Income	\$ _____	\$ _____	Trust Fund	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	Life Insurance	\$ _____	\$ _____
			Other Asset(s)	\$ _____	\$ _____
			Total	\$ _____	\$ _____

**Total Regular Monthly Income \$ \_\_\_\_\_**

**Total Capital Assets \$ \_\_\_\_\_**

If a third party will be paying all or a portion of your monthly rent, please list below the name and address of that individual:

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

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

Work Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**Please attach a copy of the past two months proof of ability to pay including current investment and bank statements.**

Note: A letter and financial statement from all guarantors may be required.

### ADVANCE DIRECTIVES

The Inn on the Pond does not require nor take responsibility for carrying out Advance Directives. In case of emergency, and to better assist you, it is helpful for us to have them on file.

Power of Attorney? \_\_\_\_ Yes \_\_\_\_ No

If Yes, Name of POA: \_\_\_\_\_

Health Care Surrogate? \_\_\_\_ Yes \_\_\_\_ No

If Yes, Name of HCS: \_\_\_\_\_

Living Will? \_\_\_\_ Yes \_\_\_\_ No

DNR? \_\_\_\_ Yes \_\_\_\_ No

