

Date of Application: _____

I. Personal Information

Confidential

Name: _____ Sex: _____ Date of Birth: _____

Address: _____ Social Security # : _____

City: _____ Phone # : _____

State: _____ Zip: _____ E-mail Address: _____

Do you have a **Healthcare** Power of Attorney(POA)? _____

Is the POA of Healthcare **Activated**? _____

Do you have a **Financial** Power of Attorney(POA)? _____

*Activated means Applicant has been deemed unable to make their own health care decisions by two physicians

Second Resident Information (if applicable)

Name: _____ Sex: _____ Date of Birth: _____

Address: _____ Social Security # : _____

City: _____ Phone # : _____

State: _____ Zip: _____ Relationship to Applicant 1: _____

Do you have a **Healthcare** Power of Attorney(POA)? _____

Is the POA of Healthcare **Activated**? _____

Do you have a **Financial** Power of Attorney(POA)? _____

*Activated means Applicant has been deemed unable to make their own health care decisions by two physicians

II. Primary-Emergency Contacts

List in Order you would like them to be notified

Primary Contact

Are we able to contact for emergencies: Yes No

Name: _____ Relationship: _____

Address: _____ City: _____ State & Zip: _____

Phone #: _____ Phone #2: _____

Check if they are : POA of Finance POA of Healthcare

Second Contact

Are we able to contact for emergencies: Yes No

Name: _____ Relationship: _____

Address: _____ City: _____ State & Zip: _____

Phone #: _____ Phone #2: _____

Check if they are : POA of Finance POA of Healthcare

Third Contact

Are we able to contact for emergencies: Yes No

Name: _____ Relationship: _____

Address: _____ City: _____ State & Zip: _____

Phone #: _____ Phone #2: _____

Check if they are : POA of Finance POA of Healthcare

III. Leasing Information

Pet Information *Restrictions do Apply *Please provide most recent health certificates

Do you have a pet? Yes No

If yes, what kind? Dog Cat Bird

Breed : _____ Weight: _____

Breed : _____ Weight: _____

Automobile Information

Do you own a vehicle? Yes No

Year: _____ Make: _____ Model: _____

Vehicle License Plate: _____ State _____ Expiration _____

Driver's License #: _____ State _____ Expiration _____

Current Residence

Do you currently: Rent Own How long have you lived here? _____

Name of Mortgage/landlord: _____ Monthly Payment: \$ _____

Address of Mortgage/Landlord: _____ Landlords Phone # _____

IV. Assisted Living Information

*Assisted Living Applicants only
 *Please Provide copies of the insurance cards

Insurance Information

Medicare #: _____ Medicaid #: _____

Supplemental health Insurance Carrier: _____ Policy #: _____

Long Term Care Insurance Carrier: _____ Policy #: _____

V. Financial Information

*Please provide copies of financial information. Ex. Checkings and Savings statement, tax document, pay stubs, house evaluation etc

Income Information	Monthly wages	Monthly Social Security	Monthly Pensions
Resident 1	\$ _____	\$ _____	\$ _____
Resident 2	\$ _____	\$ _____	\$ _____
Total monthly Income			\$ _____

Asset Information

Account Name - Financial Institution	Last 4 Digits of Account #	Account Type: Ex. Savings, Checkings, 401k, IRA, Bonds	Balance
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
Total Assets →			\$ _____

