

Residency application.

Date _____

Personal Information

LAST NAME FIRST NAME MIDDLE INITIAL

AGE DATE OF BIRTH Male Female

STREET ADDRESS

CITY STATE ZIP CODE

PHONE COUNTY YEARS AT THIS ADDRESS

Social Security number: _____ Former occupation: _____

Email: _____ Are you a Veteran? Yes No

Marital status: Single Married Widowed Divorced

Spouse's information *(if applicable)*

LAST NAME FIRST NAME MIDDLE INITIAL

AGE DATE OF BIRTH Social Security number: _____

Email: _____ Phone: _____

Former occupation: _____ Anniversary date: _____

Interest

(Please check all that apply)

- Independent Living Assisted Living Skilled Nursing Adult Day Services
 Respite Care Alzheimer's/Memory Care Tax Credit Housing

Referral source

(Please check all that apply)

- Community reputation Newspaper Direct mail Website Senior guide
 Physician Resident - *If so whom?* _____ Other _____
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Emergency Contacts

Name, address, phone number of persons to be contacted in emergency/medical information shared with.

NAME	RELATIONSHIP
ADDRESS	
HOME PHONE	WORK PHONE
CELL PHONE	EMAIL ADDRESS

NAME	RELATIONSHIP
ADDRESS	
HOME PHONE	WORK PHONE
CELL PHONE	EMAIL ADDRESS

Note: Write additional persons on a separate piece of paper, if necessary.

Monthly Income *(Please list & provide documentation for all sources of income and assets for potential resident(s) and spouse, if applicable.)*

Income Source:	Resident	Spouse or 2nd Resident
Social Security	\$ _____	\$ _____
Pension/ Retirement Income	\$ _____	\$ _____
Annuity	\$ _____	\$ _____
Investment Income/ Dividends	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____

Assets *(List fair market value of all assets)*

Real Estate- Primary Residence	\$ _____	<i>*with your permission, we can work with a local realtor to help assess fair market value</i>
Other Real Estate	\$ _____	
Balance of Checking and/ or Savings	\$ _____	Name of Bank(s) _____
Money Markets/ CDs	\$ _____	_____
Stocks & Bonds	\$ _____	_____
Mutual Funds	\$ _____	
Cash Value of Life Insurance	\$ _____	
Market Value of Motor Vehicle(s)	\$ _____	Vehicle Year/Make/Model(s) _____
Total Value of Assets	\$ _____	

Liabilities

Mortgage- Primary Residence	\$ _____
Mortgage- Other Real Estate	\$ _____
Balance of Home Equity Loan	\$ _____
Other (Total Credit Card Balances, etc.)	\$ _____
Total Liabilities	\$ _____

By signing below, I/we hereby certify and declare that all information provided on this application form and statements made by me/us in conjunction with this application are complete, true, and accurate to the best of my/our knowledge. I/we authorize St. Leonard to verify all information provided by any and all means, including a credit history review. I/we further agree that upon acceptance to St. Leonard, that I/we will make no voluntary change in financial status through gifts, sales, or other dispositions of property that may prevent me/us from fulfilling my/our financial responsibilities to St. Leonard.

Signature of Prospective Resident	Name (Printed)	Date
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Signature of Financial POA/ Responsible Party	Name (Printed)	Date
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