Application for Residency

General Information

Resident Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____)____-_____ Cell Phone: (___)____-_____

Email Address:_____

Date of Birth: ____/____/_____ Birth City: _____ Are you a U.S. Citizen: ☐ Yes ☐ No

Social Security Number: _____ Religious Affiliation: _____

Gender: ☐ Male ☐Female

Marital Status: ☐Married ☐Single ☐Widow ☐Widower ☐Divorced

If married: Spouse's Name: _____ Spouse's Date of Birth ____/____/_____

Social Security Number: _____ Anniversary Date: ____/____/_____

Have you or your spouse ever been convicted of, plead guilty to or been placed on probation for any crime? ☐ No ☐ Yes If yes, provide the nature of the crime: _____

Names of emergency contact:

1. Name: _____ Relationship: _____

   ☐Power of Attorney ☐Healthcare Proxy ☐Conservator

   Current Address: _____

   City: _____ State: _____ Zip Code: _____

   Home Phone: (____)____-_____ Cell Phone: (___)____-_____

   Email Address:_____

2. Name: _____ Relationship: _____

   ☐Power of Attorney ☐Healthcare Proxy ☐ Conservator

   Current Address: _____

   City: _____ State: _____ Zip Code: _____

   Home Phone: (____)____-_____ Cell Phone: (___)____-_____

   Email Address:_____

3. Name: _____ Relationship: _____
   ☐Power of Attorney ☐Healthcare Proxy ☐ Conservator

   Current Address: _____

   City: _____ State: _____ Zip Code: _____

   Home Phone: (____)____-_____ Cell Phone: (___)____-_____

   Email Address:_____

Current Living Situation

What type of living are you interested in?

☐ Independent ☐ Assisted Living ☐ Memory Care (Studio Only)

Apartment Style? ☐ 1 Bedroom ☐ 2 Bedroom ☐ Cottage

Name and location of Primary Care Physician(s): _____

Hospital of Preference: _____ Pharmacy: _____

Do you own an automobile: ☐ Yes ☐ No

If yes, License Plate Number: _____

Make: _____

Model: _____

Color: _____

Automobile insurance company:_____

Policy #:_____

Are you or your spouse a veteran? ☐ Yes ☐ No Branch: _____

Primary Language(s):_____

Previous Occupation(s):_____

Insurance (Please provide a copy of Insurance Cards & License/State ID)

Medicare Number: Part A _____ Part B _____

Other Insurance: Name: _____ Number: _____

Insurance Premium (include dental, medical, and prescription): _____

Long Term Care Insurance Company: _____

Policy Number: _____ Assisted Living Coverage: ☐ Yes ☐ No Daily Rate: _____

Financial Information

Assets: Please list your assets, including any bank accounts, life insurance policies, real estate, and other major assets. **Please attach a copy of your most recent tax return as income/asset verification upon submitting the application.**

Type/Description	Amount/Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list any debts, obligations, mortgages, etc, that may affect the above assets.

1. _____
2. _____
3. _____

Has there been a transfer, sale or gift of real estate, personal property, cash or other assets in the last 5 (five) years?

_____Yes _____No

- If Yes, Describe_____

Do you have a funeral arrangements or a prepaid funeral contract? ☐ Yes ☐ No

Name:_____ Address:_____ Phone: (____)____-_____

Value: $_____

Income Worksheet: Please list sources of income on a monthly basis.

Social Security Income:	_____ per month	
Pension Income:	_____ per month	Source: _____
Annuity Income:	_____ per month	Source: _____
Interest/Dividends	_____ per month	Source: _____
Rental Income:	_____ per month	
Support from Family:	_____ per month	
Other: _____	_____ per month	

Additional information we should be aware of when reviewing your financials for residency.

_____

Renters Insurance

While Creamery Brook Village is insured, your personal items are not covered for reimbursement in the event of damage or loss. We advise you to purchase renters' insurance to protect your belongings. Rental insurance is generally available at a low monthly cost and likely offered by your current homeowner's insurance company. Do you plan to purchase rental insurance for your apartment upon moving in? ☐ Yes ☐ No If yes, please provide a copy of the policy upon doing so.

Affidavit of Application

I hereby certify that the answers to the foregoing questions are full and complete and that I have truthfully answered all questions.

Applicant's Signature: _____ Date: _____