

# APPLICATION FOR RESIDENCY

All information given by the applicant will be held in strict confidence. Please complete a separate application for each person applying for residency at Chai Point.



Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widowed

Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Please list any activities that you have been involved in: \_\_\_\_\_  
\_\_\_\_\_

Please list any clubs or affiliations that you may have: \_\_\_\_\_  
\_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Clergyman/Congregation/ Temple/Church Phone: \_\_\_\_\_

## FAMILY INFORMATION

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	<b>Type of Apartment Desired:</b>
	<input type="checkbox"/> Studio <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> RCAC <input type="checkbox"/> CBRF

**HEALTH INFORMATION**

Please indicate any conditions that affect your health, mobility, sight, hearing or speech:

\_\_\_\_\_  
\_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**INSURANCE INFORMATION**

Private Health Insurance Co.: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_ ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Medicare #: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(If different than Medicare #):

**POWER OF ATTORNEY**

Name: \_\_\_\_\_  Health Care  Finance

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

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

**BANKING INFORMATION**

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

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

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

Type of Account (Please check all that apply):

- Checking  Savings  CD  Money Market

**FINANCIAL INFORMATION**

In round numbers, please complete the following resume of your financial status.

MONTHLY INCOME

\_\_\_\_\_ Social Security  
\_\_\_\_\_ Pension / Annuity  
\_\_\_\_\_ Interest / Dividend Income  
\_\_\_\_\_ Income from Rental Properties  
\_\_\_\_\_ Income from Trust Fund(s)  
\_\_\_\_\_ Other

\$ \_\_\_\_\_ *TOTAL INCOME*

ASSETS

\_\_\_\_\_ Home Equity  
\_\_\_\_\_ Other Property Equity  
\_\_\_\_\_ Stocks / Bonds / CD's / Money Market  
\_\_\_\_\_ Checking / Savings Account  
\_\_\_\_\_ Net Business Assets

\$ \_\_\_\_\_ *TOTAL ASSETS*

LIABILITIES

\_\_\_\_\_ Home Equity  
\_\_\_\_\_ Other Property Equity

\$ \_\_\_\_\_ *TOTAL LIABILITIES*

Please list any financial obligations you may have, specifying the amount:

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## REFERENCES

Please list two references (not children) that can tell us how you will like living in retirement community (i.e. friends, siblings, co-workers, affiliates).

### Reference 1

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Reference 2

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## ACKNOWLEDGEMENT

I certify that the information given in this application is true and accurate, and I authorize Chai Point to verify the information given. I agree to provide Chai Point with a complete and current financial statement and a current medical report as reasonable assurance of my ability to live independently. **I understand the final acceptance for residency is contingent upon these documents being approved by Chai Point.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Agent for Chai Point: \_\_\_\_\_ Date: \_\_\_\_\_