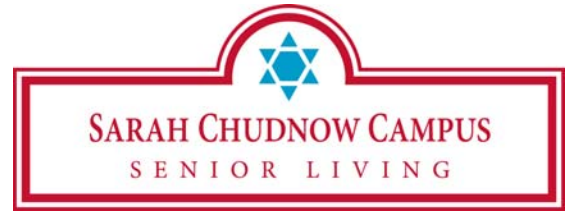


# SARAH CHUDNOW CAMPUS APPLICATION FOR RESIDENCY



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

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

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

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

Telephone Number: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

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

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

Please list any activities that you are involved in:

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

Please list any clubs or affiliations that you may have:

\_\_\_\_\_

## RELIGIOUS AFFILIATION

\_\_\_\_\_

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

## FAMILY INFORMATION

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

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

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

Home Telephone Number: \_\_\_\_\_

### For Office Use Only

Type of Apartment

Desired:

- Studio
- 1 Bedroom
- 2 Bedroom
- 3 Bedroom

RCAC ( ) CBRF ( )

Work Telephone Number: \_\_\_\_\_

**HEALTH**

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

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

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

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

**INSURANCE**

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

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

Medicare #: \_\_\_\_\_ S.S# (if different than Medicare #): \_\_\_\_\_

Supplemental Insurance: \_\_\_\_\_

**POWER OF ATTORNEY**

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

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

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

**Wellness Activities that you participate in:**

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

**(Please include any support groups)**

**BANKING INFORMATION**

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

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

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

Type of account: Checking \_\_\_\_\_ Savings \_\_\_\_\_ CD \_\_\_\_\_

Money Market \_\_\_\_\_

(Please check all that apply)

**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 Property

\_\_\_\_\_ Income from Trust Fund (s)

\_\_\_\_\_ Other

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

**ASSETS**

\_\_\_\_\_ Home Equity

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

\_\_\_\_\_ Stocks / Bonds / CD's / Money Market

\_\_\_\_\_ Checking / Savings Account

**LIABILITIES**

Real Estate Loans \_\_\_\_\_

Other Loans Payable/

Other Liabilities \_\_\_\_\_

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

**LIABILITIES**

List any financial obligations you may have and specify amount:

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

\_\_\_\_\_ Net Business Assets

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

**REFERENCES**

Please list two references (not children) that can tell us how they think you will like living in a retirement community (i.e. Friends, Siblings, Co-workers, Affiliates)

1. \_\_\_\_\_

Name	Relationship
Address, City, State, Zip Code	
Home Telephone Number	Work Telephone Number

2. \_\_\_\_\_

Name	Relationship
Address, City, State, Zip Code	
Home Telephone Number	Work Telephone Number

**ACKNOWLEDGEMENT**

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

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT FOR SARAH CHUDNOW CAMPUS \_\_\_\_\_ DATE: \_\_\_\_\_