



Application for Residency

Tenant's Name: _____ Telephone: _____

Date of Birth: _____ Social Security #: _____ Sex: M F Religion: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Single Divorced Married Widowed Expected Date of Residency: _____

Which apartment model: 1 Bedroom 1 Bedroom w/Den 2 Bedroom 2 Bedroom w/Den 2 Bedroom Deluxe

Emergency Contact

Name: _____

Relationship: _____

Address: _____

Phone: (Day) _____

(Night) _____ (Cell) _____

Attending Physician

Name: _____

Address: _____

Phone: (Office) _____

(Emergency) _____

Other Health/Mental Health Provider(s)

(i.e. optometrist, podiatrist, dentist)

Name: _____

Address: _____

Phone: (Office) _____

(Emergency) _____

Name: _____

Address: _____

Phone: (Office) _____

(Emergency) _____

Resident's Legal Representative

Name: _____

Relationship: _____

Address: _____

Phone: (Day) _____

(Night) _____ (Cell) _____

Other Family Contacts

Name: _____

Relationship: _____

Address: _____

Phone: (Day) _____

(Night) _____ (Cell) _____

Name: _____

Relationship: _____

Address: _____

Phone: (Day) _____

(Night) _____ (Cell) _____

Hospital of Choice

Name: _____

Address: _____

Community Pharmacy

Name: _____

Address: _____

Next of Kin

Name: _____

Address: _____

Phone: (Day) _____

(Night) _____ (Cell) _____



Health Insurance (Please attach copies of each card.)

Medicare: _____	Prescription Plan: (Specific): _____
Medicaid: _____	_____
Other (Specific): _____	Long-Term Care (Specific): _____
_____	_____

Financial Information (All information is considered confidential.)

Monthly Income		Asset Value	
Net Social Security:	\$ _____	Checking Account(s):	\$ _____
Pensions:	\$ _____	Savings Account(s):	\$ _____
Interest/Dividends:	\$ _____	Certificates of Deposit:	\$ _____
Annuity Income:	\$ _____	Stocks:	\$ _____
Trust Income:	\$ _____	Property:	\$ _____
Rental Property:	\$ _____	Other (Specify):	\$ _____
Other (Specify):	\$ _____	Other (Specify):	\$ _____
Checking Account Interest:	\$ _____	Other (Specify):	\$ _____
Savings Account Interest:	\$ _____	Total:	\$ _____
CD/Stocks Dividends:	\$ _____		
Other:	\$ _____		
Other:	\$ _____		
Total:	\$ _____		

▶ Have any assets greater than \$1,000 (cash, property, real estate) been transferred in the past 60 months?
 Yes No

▶ Has an estate trust been established?
 Yes No When? _____

It is understood that all information given in this application is true and correct.

Date: _____ Tenant's Signature: _____

Date: _____ Responsible Party (if any)
or Legal Representative: _____

Please note: A non-refundable application fee of \$250 is due at the time of submission to Cedarbrook.