



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) _____

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) _____

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) _____

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: (Specify): _____

Medicaid: _____

Other (Specify): _____

Long-Term Care (Specify): _____

Financial Information (All information is considered confidential.)

Monthly Income

Net Social Security:	\$ _____
Pensions:	\$ _____
Interest/Dividends:	\$ _____
Annuity Income:	\$ _____
Trust Income:	\$ _____
Rental Property:	\$ _____
Other (Specify):	\$ _____
Checking Account Interest:	\$ _____
Savings Account Interest:	\$ _____
CD/Stocks Dividends:	\$ _____
Other:	\$ _____
Other:	\$ _____
Total:	\$ _____

Asset Value

Checking Account(s):	\$ _____
Savings Account(s):	\$ _____
Certificates of Deposit:	\$ _____
Stocks:	\$ _____
Property:	\$ _____
Other (Specify):	\$ _____
Other (Specify):	\$ _____
Other (Specify):	\$ _____
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.
No fee is required for entry into the state Medicaid-subsidized Assisted Living Program.

Cedarbrook Village Incorporated

101 Sitrin Lane • New Hartford, New York 13413 • (315) 624-9241

www.cedarbrookvillage.org

SITRIN

The Help. The Hope. The Healing.

CEDR-1001.6 Rev-060624