



# APPLICATION for Residency

Thank you for your interest in Kingsway. In order to properly process an individual's application, we must have the following information. Please answer all questions carefully. The information herein is confidential and constitutes the basis for resident/tenant acceptance.

Today's Date \_\_\_\_\_

Date Received \_\_\_\_\_  
(for Office use only)

Name of Applicant \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State/Zip

Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female Marital Status: \_\_\_\_\_

U.S. Citizen?  Yes  No If not citizen of U.S. or dual citizenship, what country? \_\_\_\_\_

Type of Residence Desired:  Village Apt.  Garden Apt.  Court Apt.  Assisted Living  Memory Care  Nursing/Rehab Center

If apartment is desired, please check:  Studio  One Bedroom  One Bedroom with Den  Two Bedroom

Desired Occupancy Date: \_\_\_\_\_ Present Living Arrangement: \_\_\_\_\_

Name of Attending Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Health Coverage: Medicare Number \_\_\_\_\_ Medicaid Number \_\_\_\_\_

HMO/Other Insurance \_\_\_\_\_ Group Number \_\_\_\_\_

Individuals to be contacted for future correspondence: (List additional contacts on separate sheet if necessary.)

1. Name \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Email address \_\_\_\_\_

POA  Guardian  Health Care Proxy Authorized to assist with finances?  Yes  No

2. Name \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Email address \_\_\_\_\_

POA  Guardian  Health Care Proxy Authorized to assist with finances?  Yes  No

CONFIDENTIAL FINANCIAL STATEMENT

Earned Income: (Monthly) \$ \_\_\_\_\_
Social Security Benefits \$ \_\_\_\_\_
Veteran's Benefits \$ \_\_\_\_\_
Other Pension (Specify) \$ \_\_\_\_\_
Railroad Retirement \$ \_\_\_\_\_
Annuity \$ \_\_\_\_\_
Other (Specify) \$ \_\_\_\_\_
Net Monthly Income: \$ \_\_\_\_\_

List all assets you intend to use to pay for your care, i.e. bank/investment accounts:

Institution Address Account Number Balance \*

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

1. Do you have any CDs? [ ] No [ ] Yes If yes, what is the value? \_\_\_\_\_ \*

2. Do you own stocks or bonds? [ ] No [ ] Yes If yes, what is the value? \_\_\_\_\_ \*

3. Do you own real estate? [ ] No [ ] Yes If yes, what is the value? \_\_\_\_\_

Do you plan to sell principal residence or other real estate to pay for your financial obligations while at Kingsway? [ ] No [ ] Yes \*

4. List any other assets (attach page if necessary) \_\_\_\_\_ \*

5. Do you have LTC insurance? [ ] No [ ] Yes If yes, with what insurance company? \_\_\_\_\_

6. List total assets available to pay for your care \$ \_\_\_\_\_

\* Please provide copies of most recent bank, or brokerage or other account statements to verify balances.

Have you created a Trust or have any of your assets been transferred, including gifts to family members or others, within the last 5 years? [ ] No [ ] Yes

If yes, please provide information/copies \_\_\_\_\_

\_\_\_\_\_

I understand that the Kingsway Community relies upon the accuracy of the above information for the purpose of determining whether there will be a source of payment and to determine when the resident may need financial assistance. I hereby give Kingsway Community permission to verify medical and financial information supplied on this application for admission and further agree that the funds will be available for the care of the applicant during his/her residency at the Kingsway Community.

Signature of Prospective Resident

Address

Phone Number

Signature of Financially Responsible Party (if other than resident)

Date

Relationship to Applicant