

APPLICATION FOR ADMISSION

The undersigned hereby applies for admission as a resident to Elan Gardens Senior Living and agrees, if admitted, to comply with all current and future policies and procedures of Elan Gardens Senior Living.

Note: A non-refundable application fee must accompany this application.		Enclosed: <input type="checkbox"/> \$50 Application Fee <input type="checkbox"/> \$1000 Refundable Security Deposit		Referred by:	
Type of stay being considered: <input type="checkbox"/> Personal Care <input type="checkbox"/> Memory Care		Length of stay: <input type="checkbox"/> Long-term <input type="checkbox"/> Short-term (respite)		Accommodations desired: <input type="checkbox"/> Private Suite <input type="checkbox"/> Companion Suite	
PERSONAL INFORMATION					
Applicant's Name					
Address		City		State	Zip
Phone Number			Email Address		
Date of Birth	Age	Social Security Number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Present Housing (apartment, private home, etc.)	Resides... <input type="checkbox"/> Alone <input type="checkbox"/> With Spouse <input type="checkbox"/> With Children <input type="checkbox"/> Other: _____		Place of Birth		Previous Occupation
I have lived in the United States since...		I have lived in Pennsylvania since...		Religious Affiliation (optional)	
Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran			Branch of Military (if applicable)		
Eye Color	Hair Color	Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No		Hearing Aids <input type="checkbox"/> None <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both Ears	

MARITAL STATUS

I am... <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Date of Separation, Divorce, or Spouse's Death
Spouse's Name	Age	Phone Number
Spouse Address <input type="checkbox"/> Same as Applicant	Spouse Email	
Spouse Employment	Spouse Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran	Branch of Military (if applicable)

INSURANCE INFORMATION (MUST BE THOROUGH AND ACCURATE)

Medicare Number	Medicare Hospital Insurance (Plan A) <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Hospital Insurance (Plan B) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supplemental Medical Insurance	Group Number	Policy Number	Service
Address of Plan	City	State	Zip
Medicare Part D	Group Number	Policy Number	Service

MEDICAL PROVIDERS

Primary Care Physician	Office Phone Number	
Specialist Physicians		
Dentist	Podiatrist	Optometrist
Preferred Pharmacy	Pharmacy Phone Number	
Do you have a Living Will/Advance Directive? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POWER OF ATTORNEY/GUARDIAN AND FAMILY CONTACTS

The following are the names, ages, residences, and occupations of my guardian, the holder of my power of attorney, and my children. If no children, list interested relatives and friends.

1	Name	Relationship	Employer	POA <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	City	State	Zip

Primary Phone		Secondary Phone		Email	
Spouse Name		Spouse Phone		Spouse Email	
2	Name	Relationship	Employer	POA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City	State	Zip	
Primary Phone		Secondary Phone		Email	
Spouse Name		Spouse Phone		Spouse Email	
3	Name	Relationship	Employer	POA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City	State	Zip	
Primary Phone		Secondary Phone		Email	
Spouse Name		Spouse Phone		Spouse Email	
4	Name	Relationship	Employer	POA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City	State	Zip	
Primary Phone		Secondary Phone		Email	
Spouse Name		Spouse Phone		Spouse Email	
5	Name	Relationship	Employer	POA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City	State	Zip	
Primary Phone		Secondary Phone		Email	
Spouse Name		Spouse Phone		Spouse Email	

BILLING

Which party assumes responsibility for paying monthly invoices to Elan Gardens Senior Living?

 Applicant (Self-Pay) Other (mailing address must be provided): _____

Contact Address <input type="checkbox"/> Same as Above	City	State	Zip
--	------	-------	-----

BURIAL PREPARATIONS

**Elan Gardens Senior Living does not assume responsibility for burial.
Next of kin are expected to make all arrangements and assume all expenses.**

Reserved Plot <input type="checkbox"/> Yes <input type="checkbox"/> No	Cemetery (If Yes)	Pre-paid Funeral Arrangements <input type="checkbox"/> Yes <input type="checkbox"/> No
---	-------------------	---

Funeral Director	Other Information
------------------	-------------------

Applicant's Confidential Financial Information

Must be completed in its entirety; use a separate sheet if more space is needed.

MONTHLY INCOME

Social Security per month	SSI per month	Veterans Benefits per month	Veterans Admin. Claim Number
Pension Income	Pension Name	Pension Claim Number	Pension Address
Income from Savings	Bank	Bank Address	
Income from Savings	Bank	Bank Address	
Other Income	Source	Address	
Other Income	Source	Address	

REAL PROPERTY

Location and Description	Yearly Income	Value	Mortgage
Location and Description	Yearly Income	Value	Mortgage
If no property presently owned, give location and description of last property owned	Year Sold	Sale Price	Mortgage Paid

PERSONAL PROPERTY AND FINANCIAL ASSETS

Cash on Hand		Government Bonds	Other Securities
Notes or Mortgages	Held By	Address	
Bank Account Type	Balance	Bank	City
Bank Account Type	Balance	Bank	City
Bank Account Type	Balance	Bank	City
Certificates of Deposit	Balance	Bank	City
Individual Retirement Accounts	Balance	Bank	City
Other Properties or Assets (Specify type, value, and location)			

Have you transferred any assets for less than full value within the past five (5) years?

Yes No

LIFE INSURANCE

Insurance Company	Type	Beneficiary	Surrender Value	Face Amount	Premiums Paid By	Loans on Policy

In order to process this application, you must provide a copy of each of the following that applies:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Social Security Card <input type="checkbox"/> Medicare Card <input type="checkbox"/> Living Will <input type="checkbox"/> Durable Power of Attorney for Health Care <input type="checkbox"/> Guardianship | <ul style="list-style-type: none"> <input type="checkbox"/> Private Insurance Card <input type="checkbox"/> Medicare Part D Card <input type="checkbox"/> Pre-need Burial Contacts <input type="checkbox"/> Power of Attorney |
|--|---|

Certification

I represent that each and every statement above set forth is true and that I have not withheld any information requested herein, and also represent that I have not transferred any property in trust for myself, nor given away any property, that I have read this application or had it read to me and that it has been fully explained to me.

Signature of Applicant

Witness

If Applicant's Signature is by Mark, Second Witness

Responsible parties, including all children, spouses of children, spouse, other relatives, guardian or interested parties, are to sign below.

Each of the undersigned, being either husband or wife, child, spouse of child or other relatives or interested friends of the above named applicant, does hereby request his or her admission to Elan Gardens Senior Living. The undersigned also represent that the information set forth in this application is true to the best of his or her knowledge and that the applicant has not transferred any property to any of the undersigned within the past five (5) years, except as set forth below.

If it is determined that the Applicant does not have sufficient financial ability to pay the rent and other charges of Elan Gardens Senior Living for the anticipated length of stay, then the Responsible Parties shall be required to provide Elan Gardens Senior Living with separate Confidential Financial Information to establish their ability to pay the rent and other charges. If the financial information of the Responsible Parties is deemed satisfactory, the Responsible Parties will be required to sign the Lease as Responsible Parties.

The undersigned parties, who sign the Lease as a Responsible Party, hereby agree that they are responsible, jointly and severally, along with the Tenant, for all of the rent and other charges due under the Lease.

Signatures

Person who assisted applicant in completing this application: _____