

## APPLICATION FOR ADMISSION

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

APPLICANTS NAME: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SSN#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

PLACE OF RESIDENCE (if different from above): \_\_\_\_\_

HOW LONG AT CURRENT RESIDENCE? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. EDUCATION: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ WIDOWED \_\_\_\_\_ SEPARATED \_\_\_\_\_ DIVORCED

RELIGION: \_\_\_\_\_ PARISH: \_\_\_\_\_ PASTOR: \_\_\_\_\_

FORMER OCCUPATION: \_\_\_\_\_ MILITARY SVC. DATES: \_\_\_\_\_ BRANCH: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

SPOUSE OF APPLICANT: \_\_\_\_\_ OCCUPATION/DATE OF DEATH: \_\_\_\_\_

<u>CHILDREN OF APPLICANT</u>	<u>ADDRESS &amp; ZIP CODE</u>	<u>PHONE NUMBERS</u>
(please use reverse side if more space is needed)		

<u>BROTHERS/SISTERS OF APPLICANT</u>	<u>ADDRESS &amp; ZIP CODE</u>	<u>PHONE NUMBERS</u>

NAME, ADDRESS, ZIP CODE, TELEPHONE NUMBERS OF PERSONS TO NOTIFY IN CASE OF MEDICAL EMERGENCY OR DEATH (PLEASE LIST TWO NAMES):

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

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

# FINANCIAL STATEMENT

(Use additional sheet if necessary)

## LIST OF MONTHLY SOURCES OF INCOME:

Social Security _____	\$ _____
Supplemental Security Income _____	\$ _____
Pensions (give source) _____	\$ _____
Interest on Savings Accounts _____	\$ _____
Ground Rents _____	\$ _____
Annuities _____	\$ _____
Trust Funds (describe type) _____	\$ _____
Dividends _____	\$ _____
Other Income (state type) _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____

## LIST ALL REAL ESTATE, LOCATION, ASSESSED VALUE AND ENCUMBRANCES:

LOCATION	NAMES ON DEED	VALUATION	EMCUMBRANCES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## RETIREMENT ACCOUNTS:

TYPE _____	VALUE _____
TYPE _____	VALUE _____

## STOCKS AND BONDS (List by name, all co-owners, number of shares, and current value)

NAME	OWNERS	NO. OF SHARES	TOTAL CURRENT VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## CASH IN FINANCIAL INSTITUTIONS (List bank name and all co-owners, account no. and amount):

BANK & ADDRESS	NAME(S) ON ACCOUNT	ACCOUNT NO.	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FINANCIAL STATEMENT**

(Use additional sheet if necessary)

LIFE INSURANCE

POLICY NO.    COMPANY    PAID-UP PREMIUM    FACE VALUE    LOAN AMOUNTS    CASH VALUE    BENEFICIARY

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SUPPLEMENTAL LONGTERM INSURANCE \_\_\_\_\_

BLUE CROSS/BLUE SHIELD NO. \_\_\_\_\_

PRE-PAID BURIAL AMOUNT & LOCATION \_\_\_\_\_

OTHER MEDICAL INSURANCE \_\_\_\_\_

MEDICARE NUMBER: PART A: \_\_\_\_\_ PART B: \_\_\_\_\_

PERSON RESPONSIBLE FOR MEDICAL ASSISTANCE APPLICATION AND/OR RECERTIFICATION:

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MEDICAL ASSISTANCE NUMBER: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

OTHER PERSONAL PROPERTY (ARTICLES OF VALUE) \_\_\_\_\_

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HAVE YOU WITHIN THE LAST FIVE YEARS DISPOSED OF ANY PROPERTY, CASH OR OTHER ASSEST AND IF SO, HOW?

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EXPECTATION OF INHERITANCE (Specify): \_\_\_\_\_

UNPAID DEBTS OR CLAIMS: TO WHOM AND AMOUNT: \_\_\_\_\_

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IS ANYONE HOLDING ANY CASH OR OTHER KINDS OF ASSETS FOR YOU? (List name, address, telephone no. and amount)

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NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON HAVING POWER OF ATTORNEY:

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NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY:

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