

CATHOLIC CHARITIES IN ACTION

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: _____

CHILDREN OF APPLICANT ADDRESS & ZIP CODE PHONE NUMBERS
(please use reverse side if more space is needed)

BROTHERS/SISTERS OF APPLICANT ADDRESS & ZIP CODE PHONE NUMBERS

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

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:

MEDICAL ASSISTANCE NUMBER: _____ EFFECTIVE DATE: _____

OTHER PERSONAL PROPERTY (ARTICLES OF VALUE) _____

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

EXPECTATION OF INHERITANCE (Specify): _____

UNPAID DEBTS OR CLAIMS: TO WHOM AND AMOUNT: _____

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

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

NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY:
