Retirement Living Management

Rental Application

Facility Location: _____Date:_____

Resident Information

CPR _____ Apartment # _____

Resident's Name _____ Move-In Date _____

Former Address _____

Email Address: _____

Sex [ ] M [ ] F Birth Date _____ Age _____ Marital Status _____

Veteran's Status & # _____

Social Security # _____ - _____ - _____ Race _____

Medicare _____ Medicaid _____

Insurance _____ Contract # _____ Policy# _____

Attending Physician _____ Phone # _____

Address _____

Preferred Hospital _____ Phone # _____

Funeral Home _____ Phone #_____

Address _____

Religious Preference _____

Special Equipment _____

Responsible Party

Does Applicant Have A (see attached *Power Of Attorney and Other Advanced Directives* sheet for definitions):

[ ] Designated Representative [ ] Durable Power Of Attorney (DPOA)

[ ] Representative Payee [ ] Power Of Attorney for Finances

[ ] Court Appointed Guardian [ ] Court Appointed Conservator

[ ] Power Of Attorney for Medical Advanced Directive/Living Will

If Yes To Any Of The Above, Provide Information Below and Attached A Copy Of The Appropriate Verification:

Name _____ Relationship _____

Address _____

Email Address: _____

Home Phone_____ Work Phone _____

Cell Phone_____ Fax _____

Billing Information

[ ] Same As Responsible Party

[ ] Send Billing Information To:

Name _____ Relationship _____

Address _____

Home Phone_____ Work Phone _____

Cell Phone_____ Fax _____

Email Address: _____

[ ] If Interest In Direct Deposit See Administrator

Other Emergency Contacts

1. Name _____ Relationship_____

Address _____

Home Phone_____ Work Phone _____

Cell Phone_____ Fax _____

Email Address: _____

2. Name _____ Relationship_____

Address _____

Home Phone_____ Work Phone _____

Cell Phone_____ Fax _____

Email Address: _____

3. Name _____ Relationship_____

Address _____

Home Phone_____ Work Phone _____

Cell Phone_____ Fax _____

Email Address: _____

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