

**Resident Application Form**

*Thank you for your interest in Emmanuel House Residence. The information requested on this application is needed to evaluate the applicant's request for residency. All information will be held in strictest confidence. The acceptance of this application does not bind either party to residency.*

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*How did you hear about Emmanuel House?* \_\_\_\_\_

**General Information:**

*Desired Move-in Date* \_\_\_\_\_ *Desired Apartment #* \_\_\_\_\_

*Name* \_\_\_\_\_  
*Last* *First* *Middle*

*Address* \_\_\_\_\_  
*Street* *City* *State* *Zip Code*

*Telephone Number* \_\_\_\_\_

*Where do you presently live?* \_\_\_\_\_

*Date of Birth: Month* \_\_\_\_\_ *Day* \_\_\_\_\_ *Year* \_\_\_\_\_

*Place of Birth: City/State* \_\_\_\_\_ *Country* \_\_\_\_\_

*Marital Status* \_\_\_\_\_ *Name of Spouse* \_\_\_\_\_

*Church Membership: Congregation* \_\_\_\_\_ *Pastor* \_\_\_\_\_

*Social Security #* \_\_\_\_\_ *Medicare #* \_\_\_\_\_

*Medex or Medigap #* \_\_\_\_\_ *Medicaid #* \_\_\_\_\_

*Other Health Insurance* \_\_\_\_\_ *Number* \_\_\_\_\_

*Legal Appointee (Power of Attorney, Conservator, etc.)*

*Name* \_\_\_\_\_ *Telephone #* \_\_\_\_\_

*Address* \_\_\_\_\_  
*Street* *City* *State* *Zip Code*

*Health Care Proxy* \_\_\_\_\_  
*Name* *Address* *Telephone#*

List below nearest living relatives (Emergency Contacts). Please include person's name, address, city, state, zip code, telephone number, and how they are related to you (brother, sister, children, friend, etc.)

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

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

3.) \_\_\_\_\_

**Medical Information:**

Name of Physician \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

List any major health problems and/or disabilities:

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Do you receive home health services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please name agency \_\_\_\_\_

Describe any assistance that you require for personal needs (example: bathing, dressing, grooming, etc.)

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What medications are you currently taking?

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Special Diet \_\_\_\_\_ Allergies \_\_\_\_\_

**Confidential Financial Statement**

**Estimated Gross Monthly Income: \*\*\***

Pension/Wages \$ \_\_\_\_\_/month

SSI \$ \_\_\_\_\_/month

Social Security \$ \_\_\_\_\_/month

VA Benefits \$ \_\_\_\_\_/month

If other income, please describe \_\_\_\_\_

\*\*\*Please attach copies of income statements (e.g. 1099, Social Security benefit, certificate statements, etc.)

**Estimated Assets:**

Property \$ \_\_\_\_\_

Investments \$ \_\_\_\_\_

Bank Accounts \$ \_\_\_\_\_

Life Insurance Cash Value \$ \_\_\_\_\_

If other assets, please describe: \_\_\_\_\_

Total Gross Monthly Income \$ \_\_\_\_\_ Total Annual Income \$ \_\_\_\_\_

**Bank Reference** \_\_\_\_\_

Name of Bank City State Zip Code Telephone

**Landlord Reference** \_\_\_\_\_

Name Address Telephone

I certify that the information provided on this application is complete and true to the best of my knowledge.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

**PLEASE INCLUDE PHOTO-COPIES OF THE FOLLOWING:**

\*Mass Health Care Card

\*Medicaid Card

\*Other Medical Insurance Cards (i.e. Medex, Fallon, John Hancock)

\*Social Security Cards

\*Social Security & other pension checks