



Application for Residency

FOR OFFICE USE ONLY:

Name: _____

Priority Number: _____

Date Received: _____

Counselor: _____

Plan Selected: _____

Unit Selected: _____

Date Approved: _____

Other Information: _____

PERSONAL INFORMATION RECORD

Name: _____

Spouse: _____

Address: _____

Street

City

State

Zip

Phone: () _____

Cell: () _____

U.S. Military Service _____

Military Rank at Retirement (if applicable): _____

Social Security Number: _____

Spouse: _____

Medicare Number: _____

Spouse: _____

Driver's License Number: _____

Spouse: _____

Date of Birth: _____

Spouse: _____

Place of Birth: _____

Spouse: _____

Religious Preference: _____

Spouse: _____

E-mail: _____

Marital Status:

Single Married Widowed Divorced Anniversary Date: _____

Please list names of children:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Cell: _____

Cell: _____

E-mail: _____

E-mail: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Cell: _____

Cell: _____

E-mail: _____

E-mail: _____

EMERGENCY CONTACTS

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

PERSONAL FINANCIAL STATEMENT OF

Name: _____ Date: _____

INCOME

	Monthly	Yearly
Social Security:	\$ _____	\$ _____
Spouse:	\$ _____	\$ _____
Pension:	\$ _____	\$ _____
Spouse:	\$ _____	\$ _____
Other Income (<i>Please specify</i>) _____	\$ _____	\$ _____
Total Yearly Income:		\$ _____

ASSETS

Checking Account:	\$ _____
Savings Account:	\$ _____
Securities (Stocks, Bonds, etc.):	\$ _____
Certificate of Deposit:	\$ _____
Annuities:	\$ _____
Real Estate (Fair Market Value):	\$ _____
Primary Residence	\$ _____
Vacation Home	\$ _____
Rental Property	\$ _____
Other Assets (<i>List</i>) _____	\$ _____
_____	\$ _____
Total Assets:	\$ _____

LIABILITIES

List all other obligations and liabilities (including loans, amounts owed, notes, and accounts payable) stating principal amount, where due, and amount of monthly or periodic payments.

Mortgage Notes:

Lender:	Balanced Owed	Monthly Payment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Credit Card Debt:

\$ _____

Other Liabilities:

Lender:	Secured By:	Balanced Owed	Monthly Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Total Liabilities: **\$ _____** **\$ _____**

- Release:**
- Yes**, you may use my/our name(s) when communicating with my personal contacts.
 - Yes**, you may use my/our name(s) in material directly associated with The Fairfax.
 - Yes**, I hereby authorize a licensed credit agency to release to Sunrise Senior Living any available information on my financial history.

Signature

Date

Signature

Date