

APPLICATION

Independent Living Assisted Living – Camden Assisted Living – Ionic Health Care

Name

Date of Birth

SSN

Applicant: _____

Co-Applicant: _____

Address: _____

Telephone: _____ Cell: _____

Place of Birth: _____
(City) (State)

Religion: _____ Marital Status: _____

Who holds Power of Attorney (POA) for you and your spouse?

Name: _____ Telephone No.: _____

Address: _____

Telephone No.: _____

Attorney's Name: _____ Telephone No.: _____

Address: _____

Do you have a will?

Location of will: _____

Do you have prepaid funeral arrangements? Yes No

If yes, Funeral Home Name: (Please provide a copy of contract)

_____ Telephone No. _____

Cemetery _____

MASONIC ELIGIBILITY

Name of Master Mason or O.E.S. member through whom you are eligible:

(first) (middle) (last)

Your relationship to him/her: _____

Date of Birth: _____ Date of Death
(If applicable) _____

Masonic Lodge: _____ # _____

If out of state please indicate where: _____

(city) (state)

O.E.S. Chapter: _____

May we contact your Lodge/Chapter in the event of your admission, hospitalization or in the event of your death? Yes No

CONTACT LISTING

Please list your living children, blood relatives and friends in the order they are to be contacted in case of any emergencies:

1. (Mr., Mrs., Ms.) _____

(first) (middle) (last)

Address: _____

Telephone: _____ Cell: _____

E-Mail Address: _____ Relationship: _____

2. (Mr., Mrs., Ms.) _____

(first) (middle) (last)

Address: _____

Telephone: _____ Cell: _____

E-Mail Address: _____ Relationship: _____

All applicants for admission must complete the financial application. All financial information provided will remain confidential. It is our policy to admit residents without regard to race, color, national origin, age, ancestry, sex, religious creed, handicap or disability. This is a tobacco-free community.

Monthly Income – Please indicate your monthly income available to pay for your living expenses.

Please provide supporting documentation for each amount listed.

	Applicant	Co-Applicant
Social Security per month	_____	_____
Pension per month*	_____	_____
Annuity per month	_____	_____
Other (Describe)	_____	_____
Total Monthly Income	_____	_____
*Survivor Benefits	_____ %	_____ %

Assets – Please list all assets that are available to pay for your living expenses. **Please provide documentation supporting all material assets listed below.**

Are assets jointly owned with Co-Applicant? Yes No
 Are assets jointly owned with someone other than the co-applicant? Yes No

If yes, who is the joint owner? _____ Relationship _____

	Applicant (Incl. Assets Jointly Owned with Co-Applicant)	Co-Applicant
Checking Balance	_____	_____
Savings Balance	_____	_____
Investments	_____	_____
Investments	_____	_____
Assets held in Trust	_____	_____
Certificates of Deposit	_____	_____
Real Estate	_____	_____
Cash Value of Life Insurance Policy	_____	_____
Other (Describe)	_____	_____
Other (Describe)	_____	_____
Total Assets	_____	_____

During the past five years, have you transferred assets greater than \$5,000 in total to others without receiving fair market value in return?

Applicant: Yes No

Co-applicant: Yes No

If yes, what was the approximate value of property transferred and the approximate date of transfer?

Date of Transfer _____ Value of Assets Transferred _____

Do you own assets that are not listed in the asset section of this application? Yes No

If yes, what are they and why are they not listed above?

Outstanding Debt - Please provide supporting documentation for all material debts listed below.

	Applicant (Incl. Joint Debt)	Co-Applicant
Mortgage	_____	_____
Reverse Mortgage	_____	_____
Home Equity Loan	_____	_____
Credit Cards	_____	_____
Automobile Loan	_____	_____
Other (Describe)	_____	_____
Other (Describe)	_____	_____
Total Outstanding Debt	_____	_____

Other Information:

	Is the Applicant:	Is the Co-Applicant:
A Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A Spouse of a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A Widow/widower of a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have special housing needs that require reasonable accommodations? If yes, please describe

A \$300.00 (non-refundable) processing fee is due with the submission of this application.

An additional (refundable) \$1,000.00 reservation fee is due at the time of room or apartment selection or to secure placement on the waiting list.

Submit a copy of your Power of Attorney (POA), Living Will, Advance Directives, DNR (Do Not Resuscitate), Funeral and Cemetery Documents and copies of your health insurance cards with this application.

Applicant(s) hereby authorize the Maryland Masonic Homes to perform whatever credit investigations it deems necessary and authorize insurance companies, bank agencies, and past creditors to release personal financial information to the Maryland Masonic Homes.

I hereby certify that the above questions and my answers thereto have been read and explained to me; and I further certify that my answers as given above are true and correct in every particular. Any fees I submit with this application are from my own funds and are not encumbered in any fashion.

The information provided is being used as a determinant for admissions eligibility. I attest that the information provided is complete and correct to the best of my knowledge.

Print Name Applicant

Date

Signature of Applicant

Print Name of Co-Applicant

Date

Signature of Co-Applicant