



## APPLICATION

Independent Living    Assisted Living    Health Care (LTC)    Respite

	NAME	DATE OF BIRTH	SSN
Applicant	_____	_____	____-____-____
Co-Applicant	_____	_____	____-____-____
Address	_____		
Telephone	_____	Cell _____	Marital Status _____

### EMERGENCY CONTACTS

**Please indicate if Financial and/or Medical POA and provide a copy.**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Home #** \_\_\_\_\_ **Email** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Home #** \_\_\_\_\_ **Email** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Home #** \_\_\_\_\_ **Email** \_\_\_\_\_

### PRIMARY CARE PHYSICIAN

**Name** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **Fax:** \_\_\_\_\_

## MEDICAL INSURANCE

Please provide copies of the front and back of all insurance cards.

<u>Type of Insurance</u>	<u>Applicant</u>	<u>Co-Applicant</u>
Medicare #	_____	_____
Supplemental (name and #)	_____	_____
Prescription (name and #)	_____	_____
Dental/Vision (name and #)	_____	_____
Other	_____	_____
Long Term Care Insurance (name)	_____	_____
Term of policy in years	_____	_____
Daily benefit – Skilled Nursing	_____	_____
Daily benefit – Assisted Living	_____	_____

## FINANCIAL

Please provide supporting documentation.

Monthly Income

	Applicant	Co-Applicant
Social Security	_____	_____
Pension	_____	_____
Annuity	_____	_____
LTC Insurance benefit	_____	_____
Other (Describe)	_____	_____
<b>Total Monthly Income</b>	_____	_____

## FINANCIAL

### Assets

	Applicant	Co-Applicant
Checking Balance	_____	_____
Savings Balance	_____	_____
Certificates of Deposit	_____	_____
Investments	_____	_____
Trust Fund	_____	_____
Real Estate	_____	_____
Cash Value of Life Insurance Policy	_____	_____
Other (Describe)	_____	_____
Other (Describe)	_____	_____
<b>Total Assets</b>	_____	_____

### Liabilities

	Applicant	Co-Applicant
Mortgage	_____	_____
Reverse Mortgage	_____	_____
Home Equity Loan	_____	_____
Credit Cards	_____	_____
Automobile Loan	_____	_____
Other (Describe)	_____	_____
Other (Describe)	_____	_____
<b>Total Liabilities</b>	_____	_____

**VETERAN INFORMATION**

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

**AUTOMOBILES**

Will you be maintaining a vehicle while living at Maryland Masonic Homes? Yes  No

If yes: Make/Model \_\_\_\_\_ Year \_\_\_\_\_ License \_\_\_\_\_ State \_\_\_\_\_

**PETS** See Pet Policy for restrictions and additional fees

Will you be bringing your pet? Yes  No

If yes: Type of Pet \_\_\_\_\_ Weight: \_\_\_\_\_

**MASONIC AFFILIATION - IF APPLICABLE**

**Masonic Affiliation is not required for admission.**

Name of Master Mason or O.E.S. member you are associated with.

\_\_\_\_\_

Your relationship to him/her \_\_\_\_\_

Masonic Lodge \_\_\_\_\_ # \_\_\_\_\_ State \_\_\_\_\_

O.E.S. Chapter: \_\_\_\_\_

**FUNERAL ARRANGEMENTS:**

Do you have prepaid funeral arrangements?  Yes  No

If yes, Funeral Home Name \_\_\_\_\_ **Please provide a copy of contract.**

Telephone # \_\_\_\_\_ Cemetery \_\_\_\_\_

The information provided will be used to determine admission eligibility and is confidential.

I/we attest that the information provided is complete and correct to the best of my/our knowledge.

\_\_\_\_\_  
Print Name Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Co-Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

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, ancestry, sex, age, religion, creed, handicap, or disability. This is a smoke-free community.

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