MARYLAND MASONIC HOMES

Helping You Reach Life's Potential

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.

Type of Insurance	Applicant	Co-Applicant
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)	_____	_____
Total Monthly Income	_____	_____

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)	_____	_____
Total Assets	_____	_____

Liabilities

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

VETERAN INFORMATION

	Is the Applicant:	Is the Co-Applicant:
Veteran?	Yes ☐ No ☐	Yes ☐ No ☐
Spouse of a Veteran?	Yes ☐ No ☐	Yes ☐ No ☐
Widow/widower of a Veteran?	Yes ☐ No ☐	Yes ☐ No ☐

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.

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

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. REV 040124