



Water's Edge

SENIOR LIVING

Right here in the place we love.

Senior Apartments Application for Admission

Level of Care: Assisted Living Independent Living Date _____

Name _____ Birth Date _____

Sex: Female Male Social Security Number _____

Current Address _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Marital Status: Married Widowed Divorced Single/Never married

Primary Care Physician _____ Phone Number _____

Will Physician follow your care at Water's Edge? Yes No

Does someone have Durable Power of Attorney for Health Care?

Yes No Activated Yes No

If yes, please indicate: _____
Name and Relationship Phone Number

Does someone have Durable Power of Attorney for Financial Matters? Yes No

If yes, please indicate: _____
Name and Relationship Phone Number

Is there a Guardian appointed for the applicant? Yes No

Do you wish to have a pet on the premises? Yes No

Do you plan to have a vehicle on the premises? Yes No

How did you hear about Water's Edge Senior Apartments? _____

Please answer the following questions by checking the appropriate box
(skip for independent living):

Activity of Daily Living	Independent	Need a little help	Need a lot of help	Comments
Dressing				
Transferring				
Toileting				
Eating				
Cooking				
Bathing				
Medication				

Please list in order of preference persons you wish to designate as contacts:

1. _____

Name _____ Relationship _____

Address _____ Primary Phone Number _____

City/State/Zip _____ Alternate Phone Number _____

Email Address _____

2. _____

Name _____ Relationship _____

Address _____ Primary Phone Number _____

City/State/Zip _____ Alternate Phone Number _____

Email Address _____

3. _____

Name _____ Relationship _____

Address _____ Primary Phone Number _____

City/State/Zip _____ Alternate Phone Number _____

_____ Email Address _____

Statement of Financial Condition

Monthly Income:

Social Security:.....\$ _____

Pension:.....\$ _____

Interest:.....\$ _____

Other Monthly Income (Indicate source):

_____ \$ _____

Total Monthly Income: (\$ _____)

Assets (Approximate Fair Market Value)

Savings & Checking Account(s).....\$ _____

Stocks/Bonds.....\$ _____

Certificates of Deposits.....\$ _____

IRA.....\$ _____

Mutual Funds.....\$ _____

Real Estate (assessed value):

 Primary Residence.....\$ _____

 Other.....\$ _____

Other Assets (please describe)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Asset Value: (\$ _____)

Liabilities (Loans, Mortgages, Insurance Premiums, Pharmaceuticals, Medical Expenses, Credit Cards):

Type	Amount Owed	Payment Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Deposit Information:

- ★ \$500 deposit required
- ★ Upon moving in the deposit is applied to the security deposit

- Check (payable to Water's Edge)
- Cash (stop by the Business Office)
- Credit Card or Debit Card (Only Visa and MasterCard Accepted)

Visa MasterCard

Card # _____

Expiration Date _____ 3 Digit Security Code _____

Name as it appears on the card _____

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. Completion of this application does not guarantee admission. Prior to admission a comprehensive assessment will be done by the Director and RN Care Coordinator.

Applicant Signature

Date

Director Signature

Date

Office Notes: