



Application Form

***This information is to be provided by the person making the application. It will be kept confidential.
The St. Anne's Salvatorian Campus does not discriminate on the basis of race, color, creed, sex, national origin, handicap, or veteran's status.***

Please complete one application per person

Applicant: (Mrs. Miss Ms. Mr. Rev. Sister): _____

First Name Middle Initial Last Name

Phone Number: () _____ **Date of Birth:** _____

Marital Status: Single Married Widowed Divorced Committed Relationship

Social Security #: _____ - _____ - _____

Applicant's current living arrangement: Apartment Home/Condo With family
 Hospital other nursing facility

Applicant is interested in: Providence Court (CBRF) Tivoli Terrace/Jordan Hall (Assisted Living)
 St. Anne's Home (Skilled Nursing) Not sure

How did you hear of us? TV Print media Hospital Church Word of Mouth
 St. Anne's resident: _____
 Referral: _____
 Other: _____

Church's Name: _____ **Church Denomination:** _____

Clergyperson's name: _____ **Phone:** _____

Name of person to receive mail correspondences: _____

Relationship: _____ **Phone:** _____

Cell Phone: _____ **E-mail:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Additional Information: _____

Yearly Income

Social Security	\$
Pension (type of): _____	\$
Interest from stocks, bonds, CDs, dividends, etc.	\$
Trust Insurance	\$
Annuity	\$
Other (please explain): _____	\$

Total Yearly Income: \$ _____

Assets

Stocks, bonds, etc.	\$
Cash (Savings & Checking)	\$
Real-Estate (estimated fair Market Value)	\$
Funds in Trust	\$
Other (please explain): _____	\$

Total Assets: \$ _____

Yearly Expenses

Mortgage/Rent	\$
Insurance	\$
Loans	\$
Taxes	\$
Medical expenses (including medicine)	\$
Living expenses (food, transportation, utilities, etc.)	\$
Other (please explain): _____	\$

Total Yearly Expenses: \$ _____

Has there been any sale of house or property or transfer of assets in the last three (3) years?

No Yes

If yes, please explain:

Please list any financial details that you believe St. Anne's should be aware of on a separate piece of paper and return with application.

Do you have a Burial Trust?

No Yes

Amount: \$

Has a person(s) been appointed any of the following:

- Power of Attorney Durable Power of Attorney
 Conservator Durable Power of Attorney for Healthcare

I declare that the information contained herein is true and complete to the best of my knowledge. I understand that this information is confidential and will be used by St. Anne's to help determine my eligibility for residences.

Applicant/Responsible Party Signature

Date