



## **APPLICATION FOR RESIDENCE**

**Holy Redeemer St. Joseph Manor  
1616 Huntingdon Pike  
Meadowbrook, PA 19046**

Personal Care  
Phone (215) 938-4060  
Fax (215) 938-4103

**Holy Redeemer Lafayette  
8580 Verree Road  
Philadelphia, PA 19111**

Independent Living/Personal Care  
Phone (215) 214-2877  
Fax (215) 745-6713

[www.holyredeemer.com/lifecare](http://www.holyredeemer.com/lifecare)

# APPLICATION FOR RESIDENCE

For Office  
Use Only  
PC  
IND

Name of Applicant: \_\_\_\_\_  
(Last) (First) (Middle)

Current Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Does Applicant Own Yes No Does Applicant Rent Yes No

Applicant's telephone: Home (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email: \_\_\_\_\_

Marital Status: Single Married Divorced Separated Widowed

Applicant's Religious Affiliation / Wishes: \_\_\_\_\_

Is applicant a veteran? Yes No Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Name of Spouse/Co-Applicant: \_\_\_\_\_  
(Last) (First) (Middle)

Current Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Does Spouse/Co-Applicant Own: Yes No Does Spouse/Co-Applicant Rent: Yes No

Spouse/Co-Applicant telephone: Home (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

Spouse's/Co-Applicant Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Marital Status: Single Married Divorced Separated Widowed

Spouse/Co-Applicant's Religious Affiliation / Wishes: \_\_\_\_\_

Is applicant a veteran? Yes No Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

## **Emergency Contact Information**

Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phones: \_\_\_\_\_  
(Home) (Work) (Cell / Mobile)

Email: \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phones: \_\_\_\_\_  
(Home) (Work) (Cell / Mobile)

Email: \_\_\_\_\_

**Confidential Financial Information**

Please provide verification of current assets and income. (5 years of statements and tax returns must be included)

**Current Monthly Income**

	Applicant	Spouse/Co-Applicant
Social Security	\$ _____ / _____	_____ /month
Pension	\$ _____ / _____	_____ /month
401-K & IRA Distribution	\$ _____ / _____	_____ /month
Rental Income	\$ _____ / _____	_____ /month
Interest & Dividends	\$ _____ / _____	_____ /month
Other ( _____ )	\$ _____ / _____	_____ /month
Other ( _____ )	\$ _____ / _____	_____ /month

**Financial Assets** *(if jointly owned/ titled, please note same with "Joint")*

Total Checking: \$ \_\_\_\_\_ Total Savings: \$ \_\_\_\_\_ Total CD: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_ Total Stocks/Bonds: \$ \_\_\_\_\_

Real Estate Address: \_\_\_\_\_

Market Value: \$ \_\_\_\_\_

Mortgage Debt Balance: \$ \_\_\_\_\_ as of \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_

Credit Card Debt: \$ \_\_\_\_\_ as of \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_

Other Debt Balance: \$ \_\_\_\_\_ as of \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_

**Transferred/Gifted Assets**

Was there any Real Estate Transferred or Gifted in the last 5 years? Yes No

If yes, to whom? \_\_\_\_\_ Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Was there any Real Estate Sold in the last 5 Years? Yes No

Was there any Money Transferred or Gifted in the last 5 years? Yes No

If yes, to whom? \_\_\_\_\_ Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

I/We verify the information on this *Application for Residence* is true and correct and, I/We understand Holy Redeemer Health System will rely on said information provided by us in forming a business relationship with us for the provision of the necessary services requested by us for the Applicant.

I/We shall provide copies of all financial and other information within seven (7) days of the date of this Application for Residence.

\_\_\_\_\_  
(Date) (Applicant Signature)

\_\_\_\_\_  
(Date) (Co-Applicant Signature)