



ELM TERRACE GARDENS
 INDEPENDENT LIVING
 LANSDALE, PENNSYLVANIA

APPLICATION FOR RESIDENCE

660 NORTH BROAD STREET • LANSDALE • PENNSYLVANIA 19446-2361 • (215) 361-5600

Miss
 Name: Mrs. _____
 Mr. Last First Middle
 Address: _____
 Street City State Zip Code
 Phone Number: () _____ Birthdate: _____
 (MM, DD, YYYY)

Marital Status (Circle One): Married Single Widowed Divorced
 Number of Children: _____
 Name of Spouse (Living or Deceased): _____

Social Security Number: _____ Spouse's Soc. Sec. No.: _____
 Power of Attorney: _____ Telephone Number: () _____
 Address: _____
 Street City State Zip Code
 Person to Notify in Case of Emergency: _____
 Address: _____ Telephone Number: () _____
 Street City State Zip

What was / is your occupation? _____ Education: H.S. ___ College _____
 What are your hobbies or interests? _____
 Church Affiliation: _____ Pastor's Name: _____
 Telephone Number: () _____

Medicare Coverage? ___ Other Hospitalization Plan? _____ Type _____
 Name of Company _____
 Health Condition (briefly note handicaps, chronic disease, dietary requirements, etc.) _____

Licensed to drive a car? _____ Would bring a car? _____
 Insurance Carrier _____ Policy No. _____
 Desired date of residence at Elm Terrace Gardens: _____
 Apartment Size desired (circle one): Studio 1 Bedroom 2 Bedroom
 Floor desired (circle one): 1st 2nd 3rd 4th 5th

6. Have you had abnormal bleeding? _____ YES NO
 a. Do you bruise easily? _____ YES NO
 b. Have you ever required a blood transfusion? _____ YES NO
 If so, please explain the circumstances _____ YES NO
7. Do you have any blood disorder such as anemia? _____ YES NO
8. Have you had surgery or x-ray for a tumor or other condition? _____ YES NO
 (Indicate which) _____
9. Are you taking any drug or medicine? _____ YES NO
 If so, what? _____
10. Are you taking any of the following medications?
 a. Antibiotics or Sulfa Drugs _____ YES NO
 b. Anticoagulants (Blood thinners) _____ YES NO
 c. Medicine for High Blood Pressure _____ YES NO
 d. Cortisone (Steroids) _____ YES NO
 e. Tranquilizers _____ YES NO
 f. Antihistamines _____ YES NO
 g. Aspirin _____ YES NO
 h. Insulin, tolbutamide (Orinase) or similar drug _____ YES NO
 i. Digitalis or drugs for heart trouble _____ YES NO
 j. Nitroglycerin _____ YES NO
 k. Other (Please list): _____
11. Are you allergic or have you reacted adversely to:
 a. Local anesthetics _____ YES NO
 b. Penicillin or other antibiotics _____ YES NO
 c. Sulfa Drugs _____ YES NO
 d. Barbiturates, Sedatives, or Sleeping Pills _____ YES NO
 e. Aspirin _____ YES NO
 f. Iodine _____ YES NO
 g. Codeine or other Narcotics _____ YES NO
 h. Other (Please list): _____
12. Do you have any disease, condition, or problem not listed above? _____ YES NO
 (If so, please explain) _____
13. Do you have cataracts? _____ YES NO
14. Have you had surgery for cataracts? _____ YES NO
15. Are you wearing contact lenses? _____ YES NO
16. Do you wear dentures? _____ YES NO
17. Do you suffer from loss of memory? _____ YES NO
18. Do you have difficulty speaking? _____ YES NO
19. Do you have any paralysis? _____ YES NO
 (If Yes, please explain) _____
20. Do you use a wheelchair? _____ YES NO

21. Have you ever used a wheelchair? _____ YES NO

22. Do you use a walker or cane? _____ YES NO

23. Are you capable of living alone and meeting all your personal needs? _____ YES NO

FINANCIAL STATEMENT

MONTHLY INCOME

Social Security \$ _____ per month

Pension \$ _____ per month

Dividends / Interest \$ _____ per month

Rental / Mortgage Income \$ _____ per month

Trust / Other Income \$ _____ per month

TOTAL MONTHLY INCOME \$ _____

CAPITAL ASSETS

Cash (Savings & Checking) \$ _____

Stocks and Bonds \$ _____

Home/Other Real Estate \$ _____

Automobile \$ _____

Other Assets \$ _____

TOTAL ASSETS \$ _____

LIABILITIES (PER MONTH)

Mortgage Payment \$ _____

Notes Payable / Endorsed \$ _____

Personal Debts / Other \$ _____

TOTAL LIABILITIES \$ _____

AFFIRMATION

I hereby affirm that the information presented in this application is complete and correct to the best of my knowledge.

Signature: _____

Date: _____