



APPLICATION FOR RESIDENCY

The application for Residency is a document required by Golden Pond that asks for basic information necessary for both medical and financial information. We look forward to you joining our wonderful community

GENERAL (one application per person)

Applicant's Name: _____

Date of Birth: _____ Birth Place: _____

Permanent Address: _____

City: _____ State: _____ Zip code: _____

Present address (if different): _____

Telephone: (h) _____ (cell) _____ Email: _____

Married Single Veteran: Yes No Spouse of Veteran: Yes No

How did you hear about Golden Pond _____

FINANCIAL

Assets (couples may complete *jointly* on one application)

Bank Account(s).	\$ _____	Certificates of Deposit.	\$ _____
Stocks & Bonds, etc.	\$ _____	401(k) / IRA	\$ _____
Real Estate	\$ _____	Other Major Assets.	\$ _____
		TOTAL ASSESTS:	\$ _____

Monthly Income (couples shall complete *separately*)

Employment Income	\$ _____ per month	Interest Income	\$ _____ per month
Social Security Income	\$ _____ per month	Rental Income	\$ _____ per month
Pension Income	\$ _____ per month	Other Income	\$ _____ per month
Family Assistance	\$ _____ per month	TOTAL INCOME	\$ _____ per month

AGENTS and GUARANTOR (required of all applicants)

Name and address of *Guarantor*:

Name: _____ Email: _____

Address: _____ Phone: _____
(Street) (City, State and ZIP)

Name and address of *Power of Attorney*:

Name: _____ Email: _____

Address: _____ Phone: _____
(Street) (City, State and ZIP)

Name and address of *Health Care Agent*:

Name: _____ Email: _____

Address: _____ Phone: _____
(Street) (City, State and ZIP)

PRIMARY CARE PHYSICIAN

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

INSURANCE:

Please list all of your medical insurance coverage, including supplemental and long-term care:

_____ Policy # _____

_____ Policy # _____

_____ Policy # _____

Long-Term Care Insurance Co: _____ Policy# _____

In case of emergency who should we call?

RESPONSIBLE/BILLING PARTY:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Emergency Contact #2:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

I understand and agree that the foregoing application is not a contract or reservation for residence at Golden Pond and that nothing contained herein is binding on any party until a Residence Agreement has been signed by the parties hereto. I certify that the information which I have provided in this Application for Residence is true and correct to the best of my knowledge and belief as of the date hereof. I authorize you to make any necessary inquiries for the purpose of verifying this or any other information provided. I further agree to promptly notify the Executive Director in the event of any material financial change hereto. These statements are made under the penalties of perjury.

Date: _____

Signed: _____

Applicant (or Authorized Representative)

Golden Pond use
Interviewer: _____

Date: _____

Physician's Stmt Rec'd

Fee Paid: _____

Approval Date: _____

Golden Pond Credit and Background Release Authorization Form

Name: _____

Maiden Name or Other Name Used: _____

Home Address: _____

SSN: _____ Date of Birth: _____

I understand that all the information provided herein is confidential. At its discretion, Golden Pond may choose to verify this information by contacting credit reporting agencies and in doing so may need to request additional detail from me in order to complete my application for residency.

I understand that if Golden Pond takes any adverse action based on the credit report, including denying my application or requiring me to provide a guarantor, Golden Pond will provide me with an adverse action notice which included contact information of the credit reporting agency that provided the credit report. A written summary of my rights under the Federal Fair Credit Reporting Act, as amended, is attached to this authorization form.

I acknowledge that I have received a copy of this notice and I authorize a copy of my credit report to be released to Golden Pond.

Name of Applicant or Responsible Party

Signature of Applicant or Responsible Party

Date: