



## CONFIDENTIAL DATA FORM

The Confidential Data Form is one component of the Glenmeadow application process. Please print your information clearly and complete the entire form. Completed forms should be returned to the Marketing Director as soon as possible to expedite the application process.

Date \_\_\_\_\_

Floorplan or Size of Apartment Desired \_\_\_\_\_

First Person Name \_\_\_\_\_ Home Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Sex: Male Female \_\_\_\_\_ Marital Status: Single Married Widowed Divorced

Pre-Retirement Occupation \_\_\_\_\_

Religious Preference \_\_\_\_\_ Name of church or synagogue \_\_\_\_\_

Primary Physician \_\_\_\_\_

Phone \_\_\_\_\_

Medicare # \_\_\_\_\_

Supplemental Insurance Carrier and # \_\_\_\_\_

Other Health, Prescription, or Long Term Care Insurance \_\_\_\_\_

Name of Health Care Proxy? \_\_\_\_\_ Are you, or your spouse, a veteran? \_\_\_\_\_

Second Person Name \_\_\_\_\_ Home Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Sex: Male Female \_\_\_\_\_ Marital Status: Single Married Widowed Divorced

Pre-Retirement Occupation \_\_\_\_\_

Religious Preference \_\_\_\_\_ Name of church or synagogue \_\_\_\_\_

Primary Physician \_\_\_\_\_

Phone \_\_\_\_\_

Medicare # \_\_\_\_\_

Supplemental Insurance Carrier and # \_\_\_\_\_

Other Health, Prescription, or Long Term Care Insurance \_\_\_\_\_

Name of Health Care Proxy? \_\_\_\_\_ Are you, or your spouse, a veteran? \_\_\_\_\_

**Please provide copies of your health care proxy, power of attorney,  
social security card and all insurance cards, front and back.**

## Family/Emergency Contact Information

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Relationship to you \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse \_\_\_\_\_

Cell Phone \_\_\_\_\_ Spouse \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Spouse \_\_\_\_\_

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Relationship to you \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse \_\_\_\_\_

Cell Phone \_\_\_\_\_ Spouse \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Spouse \_\_\_\_\_

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Relationship to you \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse \_\_\_\_\_

Cell Phone \_\_\_\_\_ Spouse \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Spouse \_\_\_\_\_

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Relationship to you \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse \_\_\_\_\_

Cell Phone \_\_\_\_\_ Spouse \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Spouse \_\_\_\_\_

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Relationship to you \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse \_\_\_\_\_

Cell Phone \_\_\_\_\_ Spouse \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Spouse \_\_\_\_\_

## Financial Statement

The following personal financial information is required and is used for admission determination by Glenmeadow. It will be held in confidence and will not be released to any person, agency, or party unless so directed by the resident.

Item	First Person	Second Person	Total
<b>Assets</b>			
Residence	_____	_____	_____
Investment Property	_____	_____	_____
Savings and CDs	_____	_____	_____
Checking Account	_____	_____	_____
Insurance Account	_____	_____	_____
Insurance Cash Value	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Mutual funds	_____	_____	_____
Other	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>Total Assets:</b>	_____	_____	_____
<b>Liabilities</b>			
Mortgage	_____	_____	_____
Other	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>Total Liabilities:</b>	_____	_____	_____
<b>Monthly Income</b>			
Social Security	_____	_____	_____
Pension	_____	_____	_____
Annuities	_____	_____	_____
Interest	_____	_____	_____
Dividends	_____	_____	_____
Other	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>Total Monthly Income:</b>	_____	_____	_____

Do you have commitments for full or partial support of other persons?    Yes    No

If yes, please explain: \_\_\_\_\_

Who, if anyone, is empowered to transact your business affairs? \_\_\_\_\_

\_\_\_\_\_

I hereby declare that all statements made herein are true and complete according to my best knowledge and belief. I further attest that I have not transferred or donated to other persons assets which are not reflected above within the past two years. I understand and agree that this application is neither a contract nor a reservation for residence. Nothing contained in this document is legally binding on either myself or Glenmeadow, until a Residency Agreement has been approved and signed by all parties involved.

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Applicant

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Co-Applicant

GLENMEADOW, INC.

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Accepted by

Title

Date of Acceptance