



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 _____

Primary Physician _____

Phone _____

Medicare # _____

Supplemental Insurance Carrier and # _____

Other Health, Prescription, or Long Term Care Insurance _____

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 _____

Primary Physician _____

Phone _____

Medicare # _____

Supplemental Insurance Carrier and # _____

Other Health, Prescription, or Long Term Care Insurance _____

Please provide copies of your social security card and all insurance cards, front and back.

Family/Emergency Contact Information

Name _____
Relationship to you _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____
E-Mail Address _____

Name _____
Relationship to you _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____
E-Mail Address _____

Name _____
Relationship to you _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____
E-Mail Address _____

Name _____
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Street Address _____
City _____ State _____ Zip _____
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Cell Phone _____
E-Mail Address _____

Name _____
Relationship to you _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____
E-Mail Address _____

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
Assets			
Residence	_____	_____	_____
Investment Property	_____	_____	_____
Savings and CDs	_____	_____	_____
Checking Account	_____	_____	_____
Insurance Cash Value	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Mutual Funds	_____	_____	_____
Other	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Total Assets:	_____	_____	_____
Liabilities			
Mortgage	_____	_____	_____
Other	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Total Liabilities:	_____	_____	_____
Monthly Income			
Social Security	_____	_____	_____
Pension	_____	_____	_____
Annuities	_____	_____	_____
Interest	_____	_____	_____
Dividends	_____	_____	_____
Other	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Total Monthly Income:	_____	_____	_____

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.

Applicant

Co-Applicant

GLENMEADOW, INC.

Accepted by

Title

Date of Acceptance