PROHEALTH REGENCY SENIOR COMMUNITIES

Residency Application

Date of Application: _____

I. Personal Information

Confidential

Name: _____ Sex: _____ Date of Birth: _____

Address: _____ Social Security # : _____

City: _____ Phone # : _____

State: _____ Zip: _____ E-mail Address: _____

Do you have a **Healthcare** Power of Attorney(POA)? - _____

Is the POA of Healthcare **Activated**? - _____

*Activated means Applicant has been deemed unable to make their own health care deisions by two physicians

Do you have a **Financial** Power of Attorney(POA)? -

Second Resident Information (if applicable)

Name: _____ Sex: _____ Date of Birth: _____

Address: _____ Social Security # : _____

City: _____ Phone # : _____

State: _____ Zip: _____ Relationship to Applicant 1: _____

Do you have a **Healthcare** Power of Attorney(POA)? -

Is the POA of Healthcare **Activated**? - _____

*Activated means Applicant has been deemed unable to make their own health care deisions by two physicians

Do you have a **Financial** Power of Attorney(POA)? - _____

II. Primary-Emergency Contacts

List in Order you would like them to be notified

Primary Contact Are we able to contact for emergencies: ☐ Yes ☐ No

Name: _____ Relationship: _____

Address: _____ City: _____ State & Zip: _____

Phone #: _____ Phone #2: _____

Check if they are : ☐ POA of Finance ☐ POA of Healthcare

Second Contact Are we able to contact for emergencies: ☐ Yes ☐ No

Name: _____ Relationship: _____

Address: _____ City: _____ State & Zip: _____

Phone #: _____ Phone #2: _____

Check if they are : ☐ POA of Finance ☐ POA of Healthcare

Third Contact Are we able to contact for emergencies: ☐ Yes ☐ No

Name: _____ Relationship: _____

Address: _____ City: _____ State & Zip: _____

Phone #: _____ Phone #2: _____

Check if they are : ☐ POA of Finance ☐ POA of Healthcare

ProHealth Regency Senior Communities

III. Leasing Information

Pet Information *Restrictions do Apply *Please provide most recent health certificates

Do you have a pet? ☐ Yes ☐ No

If yes, what kind? ☐ Dog ☐ Cat ☐ Bird

Breed : _____ Weight: _____

Breed : _____ Weight: _____

Automobile Information

Do you own a vehicle? ☐ Yes ☐ No

Year: _____ Make: _____ Model: _____

Vehicle License Plate: _____ State _____ Expiration _____

Driver's License #: _____ State _____ Expiration _____

Current Residence

Do you currently: ☐ Rent ☐ Own How long have you lived here? _____

Name of Mortgage/landlord: _____ Monthly Payment: $ _____

Address of Mortgage/Landlord: _____ Landlords Phone # _____

IV. Assisted Living Information

*Assisted Living Applicants only

*Please Provide copies of the insurance cards

Insurance Information

Medicare #: _____ Medicaid #: _____

Supplemental health Insurance Carrier: _____ Policy #: _____

Long Term Care Insurance Carrier: _____ Policy #: _____

V. Financial Information

*Please provide copies of financial information. Ex. Checkings and Savings statement, tax document, pay stubs, house evaluation etc

Income Information

	Monthly wages	Monthly Social Security	Monthly Pensions
Resident 1	$ _____	$ _____	$ _____
Resident 2	$ _____	$ _____	$ _____

Total monthly Income $ _____

Asset Information

Account Name - Financial Institution	Last 4 Digits of Account #	Account Type: Ex. Savings, Checkings, 401k, IRA, Bonds	Balance
			$
			$
			$
			$
			$
			$
			$
		Total Assets →	$

Liabilities

Account Name - Financial Institution	Last 4 Digits of Account #	Account Type: Ex. Mortgage, Credit card, Medical bills	Balance
			$
			$
			$
			$
			$
			$
			$
		Total Liability →	$

VI. Additional Applicant Information

Equal Housing Opportunity: It is the policy of ProHealth Regency Senior Communities to lease apartments to the public on a nondiscriminatory basis. Regency Senior Communities practices equal opportunity.

Availability: Applications for apartment homes will be accepted on a first come-first serve basis and are subject to the availability of apartment types requested.

Qualifying Factors: In approving an applicant for residency, the criteria below as well as others are considered.

1. Financial Information: Information regarding finances, income, assets, and liabilities will be reviewed.
2. Residence: Present and previous residency must have satisfactory payment history and satisfactory residency history.
3. Credit: The application review will include Regency running a credit report on each applicant.
4. Sex Offender Registry Check: A Sex Offender Registry check will be performed on all applicants.

VII. Legal Signature

By signing below, you agree to section VI.

By signing below, you certify the provided application information is true and accurate to the best of your knowledge.

Applicant #1

_____ _____

Signature Date

_____

Print Name

Applicant #2

_____ _____

Signature Date

_____

Print Name