



APPLICATION FOR RESIDENCY

"ALL INFORMATION WILL BE HELD CONFIDENTIAL"

Resident #1 _____
Last First Middle

Address _____
Street City State Zip Code

Phone (_____) _____ Alternate Phone (_____) _____

Birth Date _____ Social Security # _____ Marital Status _____
Month / Day / Year

Resident #2 _____
Last First Middle

Address _____
Street City State Zip Code

Phone (_____) _____ Alternate Phone (_____) _____

Birth Date _____ Social Security # _____ Marital Status _____
Month / Day / Year

Alternate Address _____
Street City State Zip Code

Bethany Village, in compliance with New York State and Federal laws which prohibit discrimination based on race, creed, color, national origin, age, sex, marital status, sexual preference, disability, blindness, source of payment or sponsorship, this facility admits and treats all residents on a non-discriminatory basis.

Power of Attorney (if applicable) Resident #1 _____

Address _____

Street City State Zip Code

Telephone Numbers: Home (_____) _____ Work (_____) _____

Email Address: _____

Power of Attorney (if applicable) Resident #2 _____

Address _____

Street City State Zip Code

Telephone Numbers: Home (_____) _____ Work (_____) _____

Email Address: _____

Person to notify in case of emergency:

Name _____ Relationship _____

Address _____

Street City State Zip Code

Telephone Numbers: Home (_____) _____ Work (_____) _____

Please provide name of primary physicians:

Resident 1:

Name _____ Telephone Number (_____) _____

Address _____

Street City State Zip Code

***Advanced Directives YES/NO** _____

Resident 2:

Name _____ Telephone Number (_____) _____

Address _____

Street City State Zip Code

***Advanced Directives YES/NO** _____

Health Condition – *Please describe any major changes in your general health in the past year and any chronic illnesses or disabilities:*

Resident #1: _____

Resident #2: _____

(Resident #1) Medicare # _____ **Medicaid #** _____

Supplemental Health Ins _____ **Policy #** _____

(Resident #2) Medicare # _____ **Medicaid #** _____

Supplemental Health Ins _____ **Policy #** _____

APPLICANT'S FINANCIAL INFORMATION FORM

Bethany Village is a not for profit corporation that recognizes its profound responsibility to provide a resident centered environment and service continuum. As such, it must rely on a similar commitment from residents to fully reimburse Bethany Village for its services. Please complete the financial application form below. It will be held in confidence and not released to any person, agency or party unless directed by the resident.

REGULAR MONTHLY INCOME	RESIDENT #1	RESIDENT #2	JOINT
Social Security (Gross & Net)			
Pension			
Dividends / Interest			
Mortgage / Rental Income			
IRA Income			
Trust Income			
Other Monthly Income			
TOTAL REGULAR MONTHLY INCOME			
ASSETS			
Cash (Savings & Checking)			
CD's, Money Market, etc.			
Stocks, Bonds, Mutual Funds			
IRA's, Annuities			
Real Estate owned? Approx. Value?			
Real estate lien or amount owed?			
Vehicle owned? Value?			
Other Assets? Value?			
Burial Fund?			
TOTAL ASSETS LISTED			
REGULAR MONTHLY EXPENSES			
Prescription Drugs CO-PAY Monthly amount			
Health Insurance			
Loans, Credit Cards, Other Debts			
TOTAL EXPENSES LISTED			

The financial information on this form is a true and correct statement of my financial position to the best of my knowledge and belief. I further attest that I have not transferred, or donated to other persons assets not reflected on this form within the past three years and will not transfer or donate assets to other persons in the future which would preclude my ability to meet my financial obligations to Bethany Village. If assets have been transferred, please provide a list including approximate dates of transfer. I am able to accept this financial obligation.

Resident 1 Signature

Resident 2 Signature

Date

Date

Bethany Village – Please list in the order that you want us to call!

FAMILY MEMBER CONTACTS:

1) _____
Name Address City, State, Zip

Email Address Relationship to Resident

Phone # (home) Phone # (work) Phone # (cell)

2) _____
Name Address City, State, Zip

Email Address Relationship to Resident

Phone # (home) Phone # (work) Phone # (cell)

3) _____
Name Address City, State, Zip

Email Address Relationship to Resident

Phone # (home) Phone # (work) Phone # (cell)

4) _____
Name Address City, State, Zip

Email Address Relationship to Resident

Phone # (home) Phone # (work) Phone # (cell)

5) _____
Name Address City, State, Zip

Email Address Relationship to Resident

Phone # (home) Phone # (work) Phone # (cell)

6) _____
Name Address City, State, Zip

Email Address Relationship to Resident

Phone # (home) Phone # (work) Phone # (cell)