APPLICATION FOR RESIDENCE

Thank you for your interest in The Park Danforth.
To become a resident, you must apply for admission.
As part of the application process, we ask you to complete
this form for either Independent or Assisted Living.

If you are applying for Assisted Living, a member of
our team will meet with you to determine if we are
capable of providing the care needed.

**_Only supply a completed
Physician's Medical Report
if you are applying for
Assisted Living_**

To confirm receipt call us within 5 - 7 days.

Applicant 1: _____ Date of Birth: _____

Applicant 2: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Marital Status: [ ] Widowed [ ] Married [ ] Single [ ] Divorced [ ] Separated

Durable Power of Attorney:

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to contact in case of emergency:

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Relation to Resident: _____

Current Residence:
- [ ] House
- [ ] Apartment
- [ ] Other

Plan to Sell? [ ] Yes [ ] No
Federally Assisted? [ ] Yes [ ] No
Please Specify: _____

Accommodations Desired: (Check all that apply)

Market Rate Apartment: [ ] 1 Bedrm [ ] 2 Bedrm [ ] 1 Bedrm w/den
Federally Assisted Apartment: [ ] 1 Bedrm [ ] Efficiency
Assisted Living: [ ] Single [ ] Shared [ ] Market Rate [ ] Maine Care [ ] Standard [ ] Deluxe

How did you hear about The Park Danforth? _____

_____

INSURANCE AND FINANCIAL INFORMATION

Applicant 1:

Social Security #: _____ Medicare #: _____

Private Insurance Carrier: _____ Policy #: _____

Other Insurance: (MaineCare?) _____

Applicant 2:

Social Security #: _____ Medicare #: _____

Private Insurance Carrier: _____ Policy #: _____

Other Insurance: (MaineCare?) _____

INCOME:	Applicant 1	Applicant 2	Total / Month	Total / Year
Social Security:	$_____	$_____	$_____	$_____
SSI:	$_____	$_____	$_____	$_____
Pensions:	$_____	$_____	$_____	$_____

Is your pension adjusted periodically for the cost of living increase? ☐ Yes ☐ No

	Applicant 1	Applicant 2	Total / Month	Total / Year
Annuities:	$_____	$_____	$_____	$_____
Wages:	$_____	$_____	$_____	$_____
Interest/Dividends:	$_____	$_____	$_____	$_____
Trust Fund:	$_____	$_____	$_____	$_____
Property: (Rental Income)	$_____	$_____	$_____	$_____
Other:	$_____	$_____	$_____	$_____

Do you receive any financial assistance from your family? ☐ Yes ☐ No

If yes, please indicate amount and frequency of assistance: $_____ Frequency _____

ASSETS: Please provide the total value of the assets below:

	Applicant 1	Applicant 2	Total
Bank Accounts:			
Savings:	$_____	$_____	$_____
Checking:	$_____	$_____	$_____
Certificates:	$_____	$_____	$_____
Investments:			
Stocks:	$_____	$_____	$_____
Bonds:	$_____	$_____	$_____
Trusts:	$_____	$_____	$_____

Real Estate:
(Estimate the value of your home) _____

MEDICAL EXPENSE INFORMATION

	Applicant 1	Applicant 2	Total / Month	Total / Year
Medical Insurance:	$_____	$_____	$_____	$_____
Medical Bills:	$_____	$_____	$_____	$_____
Prescriptions:	$_____	$_____	$_____	$_____
Physician Fees:	$_____	$_____	$_____	$_____
Dental Expense:	$_____	$_____	$_____	$_____
Hospital Expense:	$_____	$_____	$_____	$_____
Other:	$_____	$_____	$_____	$_____

PREVIOUS LANDLORDS:

Please list the names and addresses of landlords you have rented from over the past 3 years.

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

APPLICATION AFFIDAVIT

To the best of my knowledge, all the information on this application is complete and accurate. I understand that this information will be kept confidential and will be used only for the purpose of determining eligibility for residence, suitability of unit assignment, and to aid The Park Danforth in assisting me in financial planning:

Signature of Applicant 1:

_____

Date: _____

Signature of Applicant 2:

_____

Date: _____

The Park Danforth
THE RIGHT PLACE. THE RIGHT CHOICE.

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