

The Villages at
PINE VALLEY

A Holy Redeemer Active Living Community

APPLICATION FOR RESIDENCE

Cedar Views Apartments
300 Ernest Way
Philadelphia, PA 19111
215-722-0564

APPLICATION FOR RESIDENCE

Name of Applicant: _____
(Last) (First) (Middle)

Current Address: _____
(Street)

(City) (State) (Zip Code)

Does Applicant Own Yes No Does Applicant Rent Yes No

Applicant's telephone: Home (_____) _____ Mobile (_____) _____

Applicant's Social Security Number: _____ - _____ - _____

Sex: _____ Age: _____ Date of Birth: ____ / ____ / ____

Marital Status: Single Married Divorced Separated Widowed

Applicant's Religious Affiliation / Wishes: _____

Is applicant a veteran? Yes No Dates of Service: _____ to _____

Name of Spouse/Co-Applicant: _____
(Last) (First) (Middle)

Current Address: _____
(Street)

(City) (State) (Zip Code)

Does Spouse/Co-Applicant Own: Yes No Does Spouse/Co-Applicant Rent: Yes No

Spouse/Co-Applicant telephone: Home (_____) _____ Mobile (_____) _____

Spouse's/Co-Applicant Social Security Number: _____ - _____ - _____

Sex: _____ Age: _____ Date of Birth: ____ / ____ / ____

Marital Status: Single Married Divorced Separated Widowed

Spouse/Co-Applicant's Religious Affiliation / Wishes: _____

Is applicant a veteran? Yes No Dates of Service: _____ to _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

Phones: _____
(Home) (Work) (Cell / Mobile)

Name: _____ Relationship: _____

Address: _____

Phones: _____
(Home) (Work) (Cell / Mobile)

Confidential Financial Information

Current Monthly Income

(proof of income may be requested)

	Applicant	Spouse/Co-Applicant
Social Security	\$ _____ / _____	_____ /month
Pension	\$ _____ / _____	_____ /month
401-K & IRA Distribution	\$ _____ / _____	_____ /month
Rental Income	\$ _____ / _____	_____ /month
Interest & Dividends	\$ _____ / _____	_____ /month
Other (_____)	\$ _____ / _____	_____ /month
Other (_____)	\$ _____ / _____	_____ /month

Financial Assets *(if jointly owned/ titled, please note same with "Joint")*

Total Checking: \$ _____ Total Savings: \$ _____ Total CD: \$ _____

Other: \$ _____ Total Stocks/Bonds: \$ _____

Real Estate Address: _____

Market Value: \$ _____

Mortgage Debt Balance: \$ _____ as of _____ / _____ /20 _____

Credit Card Debt: \$ _____ as of _____ / _____ /20 _____

Other Debt Balance: \$ _____ as of _____ / _____ /20 _____

Transferred/Gifted Assets

Was there any Real Estate Transferred or Gifted in the last 5 years? Yes No

If yes, to whom? _____ Date: _____ Value: \$ _____

Was there any Real Estate Sold in the last 5 Years? Yes No

Was there any Money Transferred or Gifted in the last 5 years? Yes No

If yes, to whom? _____ Date: _____ Value: \$ _____

I/We verify the information on this *Application for Residence* is true and correct and, I/We understand Holy Redeemer Health System will rely on said information provided by us in forming a business relationship with us for the provision of the necessary services requested by us for the Applicant.

I/We shall provide copies of all financial and other information if requested above, within seven (7) days of the date of this Application for Residence.

(Date) (Applicant Signature)

(Date) (Co-Applicant Signature)