

APPLICATION FOR RESIDENCY

**THE SENIOR RESIDENCE AT ST. PETER THE APOSTLE
415 5th AVE., RIVER EDGE, NJ 07661**



To apply for residency at The Senior Residence at St. Peter the Apostle, please complete the following application and return to the residence at 415 5th Ave., River Edge, NJ 07661. This application should be completed in its entirety. All information will be held in confidence. *Please note that there is a \$50 application fee.*

DATE _____ SOCIAL SECURITY # _____

NAME _____ MARITAL STATUS _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ BIRTHDATE _____ AGE _____ GENDER: M _____ F _____

HOUSING

Current living arrangements (alone/with others?) _____

Residence History: _____

Approximate date you will want housing: _____

If there was availability, would you be ready to move on a month's notice? _____

Preferred accommodation:

Bedroom with semi-private bath

Bedroom with private bath

MEDICAL

We do not discriminate or withhold residency from anyone with a history of any medical, psychiatric, or substance abuse problem. A doctor's report will be requested.

Primary physician's name _____

Address _____ Phone _____

All applicants must have the medical certification form completed by his/her physician prior to admission.

We do require full disclosure of past medical history – Please tell us about your medical history:

Please list any health issues (allergies, medical, psychiatric, substance abuse):

Please list all medications:

What kinds of hospitalizations have you had during your lifetime:

Have you been admitted to a hospital within the last year? Yes ____ No ____

If yes, for what reason and what hospital? _____

Are you currently a smoker? Yes ____ No ____

FAMILY INFORMATION

We require each resident to have a “Contact Person” in the vicinity of River Edge on whom we may call in case of emergency.

Name of person who would act in that capacity for you:

Name: _____ Relationship to you: _____

Address: _____ Home Phone #: _____

Cell #: _____ E-mail: _____

PLEASE LIST CLOSE RELATIVES (other than the one listed above)

Name	Place of residence	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has anyone been appointed Power of Attorney or guardian? Yes___No___

If yes, please name:

Name_____Relationship to you_____

Address_____Phone_____

To what extent? Legal/financial___ Medical___ Both___ Other___

Has an Advanced Directive and/or Living Will been prepared? Yes___ No___

Person financially responsible to the Senior Residence, if other than yourself:

Name:_____ Relationship to you:_____

Address:_____ Cell phone #: _____

Home phone #:_____ Business phone #:_____

PERSONAL

Why have you chosen to seek residency at the Senior Residence at St. Peter the Apostle?_____

How did you hear about the Senior Residence?_____

Do you have any special hobbies, interests or vocation? Please describe:_____

Our residents have meals together and occasionally participate in some group activities. However, much time is spent alone doing what each person enjoys. At present, how do you usually spend your day?_____

Are you bringing a car? ___Parking is subject to availability and to the discretion of management.

Meetings with residents are held once a month to exchange ideas and suggestions. How do you feel about such participation?_____

Is there anything we have not covered that you would like us to know about you or your housing requirements?_____

Are you a veteran? _____ If yes, are you eligible for benefits? _____

If eligible for veteran benefits, have you applied? _____

FINANCIAL DATA

To process your application, the following information is required. The information supplied is confidential and allows us to assist you in your long-term planning. The financial information should be that of the resident.

Monthly Income		Asset Information	
Social Security	\$ _____	Real Estate	\$ _____
Pension	\$ _____	Checking/Savings	\$ _____
Family Assistance	\$ _____	Stocks/bonds/investments	\$ _____
Other	\$ _____	Other	\$ _____
Total Monthly	\$ _____	Total Monthly	\$ _____

Please provide the following required supporting documents during the application process:

- Last two (2) years of tax returns
- Medical evaluation

Please be advised that management will run a credit check and a criminal background check on each applicant prior to approval of the application.

Thank you for your interest in the Senior Residence at St. Peter the Apostle. Please return this application along with the \$50 application fee to the Senior Residence at St. Peter the Apostle at 415 5th Ave., River Edge, NJ 07661. Checks can be made out to the Senior Residence at St. Peter the Apostle, LLC. If you have not already visited the facility, please call management at 201-225-0707 soon to arrange a visit.

Signature _____