

# Wait List Application

**PERSONAL INFORMATION**

Preferred Date of Residency:  Within 90 days  90 days – 1 year  1 year + (or ideal timeframe)

Type of Apartment  Studio  Alcove  One Bedroom  Two Bedroom

**Applicant Name(s)** \_\_\_\_\_

Preferred Salutation  Miss  Ms.  Mrs.  Mr.  Dr.  Other \_\_\_\_\_

Present Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Marital Status  Single  Married  Widowed Birth Date \_\_\_\_\_

Previous Profession \_\_\_\_\_

Educational Background \_\_\_\_\_

Hobbies/Special Interests/Clubs \_\_\_\_\_

Medicare No. \_\_\_\_\_

Long Term Care Insurance \_\_\_\_\_

Primary Medical Coverage \_\_\_\_\_

Secondary Medical Coverage \_\_\_\_\_ Prescription Coverage \_\_\_\_\_

**MONTHLY INCOME**

Social Security \$ \_\_\_\_\_ Investments \$ \_\_\_\_\_

Pension or Retirement \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Real Estate \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**Total Monthly Income \$** \_\_\_\_\_

**ASSETS & LIABILITIES ASSETS**

**LIABILITIES**

Value of Real Estate \$ \_\_\_\_\_ Real Estate Mortgage(s) \$ \_\_\_\_\_

Savings/CDs \$ \_\_\_\_\_ Credit Card Balances \$ \_\_\_\_\_

Stocks/Bonds \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Trust \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Stocks/Bonds \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**Total Assets \$** \_\_\_\_\_ **Total Liabilities \$** \_\_\_\_\_

**Total Net Worth**

(Assets minus Liabilities) \$ \_\_\_\_\_

**HEALTH INFORMATION**

Primary Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Present Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Statement of Health Status**

- A. Yes  No  Do you use a walker or cane?
- Yes  No  Do you need medication management?
- Yes  No  Does vision impairment impact your life?
- Yes  No  Do you currently have care at home?
- Yes  No  Do you have any special dietary needs/allergies?
- Yes  No  Have you been diagnosed with a memory impairment?
- Yes  No  Do you maintain yearly or more frequent doctor visits?

**Explanation of any "yes" responses:**

**Question No. Explanation**

Question No.	Explanation

Name of Medication	Dosage	Frequency	Reason for Taking Medication

**To complete your application for the Wait List, please submit a 100% refundable check for \$500, or applied to your one-time Community Fee, per person made to the order of Rhoda Goldman Plaza.**

Our Nurse Manager will review the application and upon approval, your name will be placed on a Waiting List by date of approval, and a letter of confirmation will be sent to you. A more comprehensive application and its approval will be required by Rhoda Goldman Plaza management, which includes a financial report and health-care supporting documentation, before residency is accepted.

I understand that all information supplied will become part of the agreement I will make with Rhoda Goldman Plaza at the time I become a resident. I understand that any misrepresentation, concealment, or omission may cause the agreement to be voided, and that all the information in this application will be maintained in confidence by Rhoda Goldman Plaza.

Signature of Applicant or Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Name of Applicant or Responsible Party \_\_\_\_\_