

***The Martin & Edith Stein  
Assisted Living Residence***

*350 DeMott Lane  
Somerset, NJ 08873  
(732) 568-1155 or (800) 574-5760  
Fax (732) 568-0055*

**APPLICATION FOR RESIDENCY**

**DEMOGRAPHIC INFORMATION**

**FULL NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**DOB** \_\_\_\_\_ **SSN** \_\_\_\_\_

**MARITAL STATUS**  Single  Married  Widowed  Other \_\_\_\_\_

*Spouse Name (if applicable)* \_\_\_\_\_

*Spouse SSN* \_\_\_\_\_ *Spouse DOB* \_\_\_\_\_

**MEDICAL HEALTH INSURANCE**

**Medicare ID** \_\_\_\_\_

**Name of Insurance** \_\_\_\_\_ **Policy/Group#** \_\_\_\_\_

**Pharmaceutical Assistance** \_\_\_\_\_ **Policy#** \_\_\_\_\_

**POWER OF ATTORNEY**

**Legal Power of Attorney, with proper Durable Power of Attorney and Medical executed (if applicable):**

**Full Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email address** \_\_\_\_\_

## INCOME

List all income you receive. Specific answers are needed to all questions. Insert the proper figure in each blank, or the word "none." Estimate Pension and Social Security if you are presently working. If extra space is needed, please use additional paper and attach to this form.

DESCRIPTION	Monthly Income	Company or Source
Social Security		
Pension		
Annuity		
Interest		
Other Income		

*If you receive a pension, what occurs at death of spouse?*

- Pension Ceases     
  Pension Reduces     
  No change in status

*If your income falls short of the requirements for living at The Stein Assisted Living Residence is there someone who will assume financial responsibility?*

- YES       NO

*If yes, please note name of person* \_\_\_\_\_

## ASSETS

Description	Name Of Bank Or Company	Total Value	
Checking Account		\$	
Savings Accounts including CD's & Money Market		\$	
		\$	
		\$	
		\$	
Stocks, Bonds, Securities, Mortgages, etc.	Name of Bank	# of Shares	Total Value
			\$
			\$
			\$

**LIABILITIES**

Notes / Loans	\$
Mortgages	\$

**REAL ESTATE**

*I own the following described real estate situated at*

\_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

Approximate Market Value \$ \_\_\_\_\_

**Applicants are required to submit Federal Income Tax Returns for the previous two years.**

*I hereby make application for residency at The Stein Residence. I understand residency is contingent upon conditions as set forth in the General Health Statement, receipt of the H&P, and apartment availability. The information provided above is true and correct to the best of my knowledge. I understand should I give away any of my assets listed herein, I may become ineligible for any assistance offered by The Stein Residence should I deplete my resources.*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

PLEASE RETURN THIS APPLICATION TO THE MARKETING DEPARTMENT AT THE STEIN RESIDENCE, WITH A DEPOSIT OF \$250 MADE PAYABLE TO “**THE STEIN ASSISTED LIVING RESIDENCE**”. THIS DEPOSIT WILL BE APPLIED TO THE FIRST MONTH’S RENT.