



INDEPENDENT RETIREMENT COMMUNITY

Resident Application

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

Spouse (If Living): _____
(Last) (First) (Middle)

Present Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____ Cell Number: _____

Date of Birth: _____
(Applicant) (Spouse, If Living)

Date of Marriage: _____

Name of Physician: _____ Ph. Number: _____

Do you have a Living Will: Yes No (If **Yes**, Raintree Square will need a copy for Support Office file.)

Do you have a Power of Attorney: Yes No (If **Yes**, Raintree Square will need a copy for Support Office file.)

If **Yes** name of **POA**: _____

Church Affiliation: _____ Pastor's Name: _____

Do you have funeral arrangements made: __Yes __No

If **Yes**, with what funeral home: _____
(Funeral Home Name) (Phone Number)

Do you plan on having an Automobile at Raintree Square: __Yes __No

Make: _____ Model: _____ Color: _____ License#: _____

Name Of Person(s) To Be Notified In Case Of An Emergency:

Name: _____ Relationship: _____

Home Phone: _____ Work#: _____ Cell#: _____

Address: _____ Email: _____

Name: _____ Relationship: _____

Home Phone: _____ Work#: _____ Cell#: _____

Address: _____ Email: _____

I HERBY DECLARE THAT ALL STATEMENTS MADE HERIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

THIS _____ DAY OF _____ 20____.

(Applicant)

(Spouse)

Received By: _____