



**INDEPENDENT LIVING APPLICATION FOR RESIDENCY**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please check the location and accommodation you are interested in:**

**Elderwood Residences at  
Cheektowaga**

**Elderwood Residences at  
Wheatfield**

Desired Accommodation:

- 1 Bedroom Patio Home
- 1 Bedroom with Den Patio Home
- 2 Bedroom Patio Home

Desired Accommodation:

- 1 Bedroom Apartment
- 2 Bedroom Apartment
- 1 Bedroom Patio Home
- 2 Bedroom Patio Home

Name of Resident(s): \_\_\_\_\_

Last

First

Middle

Spouse: \_\_\_\_\_

Last

First

Middle

Home Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

Telephone: ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Spouse Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed  Separated

Social Security Number: \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_

**FINANCIAL INFORMATION**  
**(attach current bank/financial statements for all information listed)**

**MONTHLY INCOME:**

	<b>1<sup>st</sup> Resident</b>	<b>2<sup>nd</sup> Resident</b>
Social Security	_____	_____
Pension	_____	_____
Veteran's Pension	_____	_____
Dividends	_____	_____
Interest	_____	_____
IRA/TDA/TSA	_____	_____
Trust Funds	_____	_____
Disability	_____	_____
<b>TOTALS:</b>	_____	_____

**BANK ACCOUNTS**

**Checking Accounts:**

Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

**Savings Accounts:**

Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Bank \_\_\_\_\_

Balance \$ \_\_\_\_\_

Bank \_\_\_\_\_

Balance \$ \_\_\_\_\_

**Stock/Stock Funds/Bonds/Money Markets:**

Name/Address \_\_\_\_\_ Value \_\_\_\_\_

Name/Address \_\_\_\_\_ Value \_\_\_\_\_

**Annuities:**

Name/Address \_\_\_\_\_ Value \_\_\_\_\_

Name/Address \_\_\_\_\_ Value \_\_\_\_\_

**Life Insurance Policies:**

Name/Address \_\_\_\_\_ Value \_\_\_\_\_

Name/Address \_\_\_\_\_ Value \_\_\_\_\_

**Trusts:**

Name/Address \_\_\_\_\_ Date Established \_\_\_\_/\_\_\_\_/\_\_\_\_

**Property:**

Do you own your own home, land or condo?  YES  NO

Address \_\_\_\_\_ Value \_\_\_\_\_

Address \_\_\_\_\_ Value \_\_\_\_\_

Address \_\_\_\_\_ Value \_\_\_\_\_

**Health Information:**

Primary Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Spouse Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Living Will?  Yes  No      Health Care Proxy?  Yes  No

Do Not Resuscitate Order?  Yes  No

Power of Attorney?  Yes  No

If Yes, Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Person to Receive Monthly Statement:      Self  Yes  No

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY:**

Name	Address	Home #	Cell#	Relationship
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*To the best of my knowledge, all the above information is correct and accurate.*

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

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

*Applications are accepted and considered without regard to race, color, sex, religion, disability, national origin, marital status, familial status or sexual preference. Applicants must meet age and ability requirements as stated in the Resident Agreement.*