



Florida Presbyterian Homes, Inc. Residency Application

Full Name(s): Applicant 1: _____

Applicant 2: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #s (with area code): Home: _____

Cell: Applicant 1: _____

Applicant 2: _____

E-mail address: Applicant 1: _____

Applicant 2: _____

Birth Date: Applicant 1: _____ **Applicant 2:** _____

Birth Place: Applicant 1: _____ **Applicant 2:** _____

Citizen(s) of (State): _____

Marital Status: Single Married Separated Widow(er) Divorced

Profession (or former profession):

Applicant 1: _____

Applicant 2: _____

Hobbies: Applicant 1: _____

Applicant 2: _____

Community Involvement: Applicant 1: _____

Applicant 2: _____

What are some experiences or goals you are looking forward to accomplishing or pursuing in your retirement? _____



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Names of Your Children:

Name: _____ Name: _____

Address: _____ Address: _____

Phone (with area code): _____ Phone (with area code): _____

Name: _____ Name: _____

Address: _____ Address: _____

Phone (with area code): _____ Phone (with area code): _____

Name of Church: _____

Name of Clergy _____

Address: _____

City: _____ State: _____ Zip: _____

Health Information

Give present physical condition. Also, please list any permanent physical handicaps you may have.

Applicant 1: _____

Applicant 2: _____

Do you smoke? Applicant 1: Yes No Applicant 2: Yes No

Are you willing to furnish a current medical certificate when this is requested? Yes No

Medicare ID#:

Applicant 1: _____ Applicant 2: _____



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Health Insurance:

Applicant 1: _____

Applicant 2: _____

Your Primary Care Physician's Name:

Applicant 1:

Applicant 2:

Name: _____

Name: _____

Address: _____

Address: _____

Phone (with area code): _____

Phone (with area code): _____

Living Accommodations Requested

My/Our preference for type of residency unit:

Residential Living (House, Duplex, Triplex or Apartment):

One Bedroom _____

Two Bedroom _____

Three Bedroom _____

Apartment Living (Forrer-Bunker and Bower-Haines Building):

Efficiency _____

One Bedroom _____

Two Bedroom _____

Assisted Living (Personal Care):

One Room _____

Two Rooms _____



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Health Center (Skilled Nursing):

Private Room _____

Semi-Private Room _____

Year would like occupancy: _____

How did you hear about our community?

_____ **Resident or resident family member** Name: _____

_____ **Employee**

_____ **Religious organization**

_____ **Advertisement (where?)** _____

_____ **CARF-CCAC website**

_____ **Nursing Home Compare website**

_____ **Florida Presbyterian Homes website**

_____ **Other:** _____

I/We declare the information given in this application to be true, full and complete. I/We give permission to verify the information by the administration of Florida Presbyterian Homes, Inc.

Applicant 1: _____
(Signature) (Date)

Applicant 2: _____
(Signature) (Date)

Mail application with payment of \$100.00 processing fee (non-refundable) and \$1,000.00 deposit (refundable) to:

**Florida Presbyterian Homes, Inc.
16 Lake Hunter Drive
Lakeland, FL 33803
Phone: (863) 688-5521**



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Confidential Financial Disclosure

You may be required to produce financial records to support the following information.

Applicant 1:

Full Name: _____ **Social Security #:** _____

Applicant 2:

Full Name: _____ **Social Security #:** _____

Financial Information: In order to maintain the financial security of our residents and the organization, please list below your total assets, liabilities, and annual income. All prospective residents are required to complete this information. If applicant is married, please include income and assets of spouse.

ASSETS	Description	Applicant 1	Applicant 2
	Checking	\$ _____	\$ _____
	Savings	\$ _____	\$ _____
	C.D.'s	\$ _____	\$ _____
	Stocks & Bonds	\$ _____	\$ _____
	Real Estate	\$ _____	\$ _____
	Other	\$ _____	\$ _____
	Total	\$ _____	\$ _____
	Combined Total	=	\$ _____



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ANNUAL INCOME	Description	Applicant 1	Applicant 2
	Social Security	\$ _____	\$ _____
	Pension	\$ _____	\$ _____
	C.D. income	\$ _____	\$ _____
	Investment Income	\$ _____	\$ _____
	Interest from Savings	\$ _____	\$ _____
	Other Pensions/Annuities	\$ _____	\$ _____
	Other	\$ _____	\$ _____
	Total	\$ _____	\$ _____
	Combined Total	=	\$ _____

DEBTS OWED	Owed Monthly	Applicant 1	Applicant 2
	Hospital	\$ _____	\$ _____
	Doctor	\$ _____	\$ _____
	Dental	\$ _____	\$ _____
	Personal	\$ _____	\$ _____
	Credit Cards	\$ _____	\$ _____
	Pharmacy	\$ _____	\$ _____
	Other	\$ _____	\$ _____
	Total	\$ _____	\$ _____
	Combined Total	=	\$ _____



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Are any debts owed to you? (please list) Yes No

	Applicant 1	Applicant 2
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
	Total \$ _____	\$ _____
	Combined Total	= \$ _____

I hereby certify that this financial statement is a true report of my/our assets, income and indebtedness.

Date: _____ **Applicant 1:** _____

Date: _____ **Applicant 2:** _____