



THE CEDARS
OF CHAPEL HILL

Date: _____

Finance Approved: _____

CONFIDENTIAL MEMBERSHIP APPLICATION

PERSONAL DATA

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Social Security No. _____ - _____ - _____ Birthdate: _____

Marital Status: Single _____ Married _____ Widow(er) _____

SPOUSE OR SECOND PERSON

Name: _____ Relationship: _____

Social Security No. _____ - _____ - _____ Birthdate: _____

OTHER CONTACT PERSONS

	<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
Children: (or nearest relatives)	1. _____	_____	_____
	2. _____	_____	_____
Physicians:	1. _____	_____	_____
	2. _____	_____	_____

NOTE!: Please star (*) the physician who should receive the Physician Examination Form.

HEALTH INFORMATION (additional information may be required).

	<u>Applicant</u>	<u>Spouse or Second Person</u>
Medicare Number:	_____	_____
Supplemental Hospital Insurance Carrier and Policy Number:	_____	_____
Long-Term Care Insurance:	Yes: _____ No: _____	Yes: _____ No: _____
Hospitalizations (in last 3 years)	Yes: _____ No: _____	Yes: _____ No: _____

(List occurrences and reasons on back of sheet)

FINANCIAL DATA

Approximate Assets (Net of all Debt):

	<u>Amount</u>	<u>Comments</u>
1. Equity in Residence	\$ _____	_____
2. Savings, C.D.'s (and other liquid assets)	\$ _____	_____
3. Stocks	\$ _____	_____
4. Bonds	\$ _____	_____
5. Other Real Estate Equity	\$ _____	_____
6. Other Assets	\$ _____	_____
Combined Net Assets:	\$ _____	_____

APPROXIMATE GROSS MONTHLY INCOME:

	<u>Applicant</u>	<u>Spouse or Second Person Sources:</u>
1. Social Security	\$ _____	\$ _____
2. Pension and Retirement	\$ _____	\$ _____
(If this amount changes for spouse in the event of applicant's death, please state how much): \$ _____		
3. Other Income (Please specify on back of sheet)	\$ _____	\$ _____
TOTAL GROSS MONTHLY INCOME:	\$ _____	\$ _____

BANK REFERENCE:

<u>Contact Person</u>	<u>Bank</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____	_____

I hereby declare that I (we) are capable of independent living and all statements made herein are true according to my best knowledge and belief. In witness whereof I have signed this application this _____ day of _____, _____.

Applicant

Spouse of Second Person

Retirement Counselor