This application must be submitted before any individual can be considered for admission.

LOHMAN VILLAGE 2018
ADMISSIONS: APPLICATION FOR RESIDENCY

Submitting an application does not create any entitlement to admission or mean that the applicant will be placed on a waiting list.

In compliance with New York State and Federal laws, which prohibit discrimination based on race, creed, color, national origin, blindness and handicap, sex, sexual preference, age, martial status, and source of payment, The Wartburg treats all applicants on this non-discriminatory basis.

Name:		Date:
Street Address:		
City:	State:	Zip:
Telephone #:	Email Address:	

Background Information		
Date of Birth:	U.S. Citizenship ❑ Yes ❑ No	Place of Birth:

Health Insurance Information	
Medicare # (Including suffix)	SS#
Major Medical Carrier:	Policy #:
List any allergies foods:	
Indicate any special equipment:	

Financial Information	
	Income Per Month $
Social Security #:	SS:
	Pension:
Retirement/Pension #:	Annuity:
	Dividends:
	Other:

Assets				
Note: All financial information must be documented. Please provide photocopies of all assets listed below with this application. Copies of bank statements and income tax returns for the past three years may be needed. Use additional pages as necessary.				
Bank	Account Type (Savings, Checking, Money Market, Also Stocks, Bonds, Etc.)	Account #	Ownership	Balance
To the best of my knowledge and belief, all of the foregoing information is accurate and true in all respects.				
Signature of Applicant:			Date:	
Signature of Applicant Representative:			Date:	

Background Information				
Name of Applicant			Date:	
Former Occupation			Last Employed (Date):	
Education (describe)				
❑ Married	❑ Single	❑ Widowed	❑ Separated	❑ Divorced
Name of Spouse			Occupation:	
Date of Marriage		Deceased: ❑ Yes ❑ No	Date of Death:	

List Next-of-Kin				
Relationship	**Name**	**Address**	**Tel. # Home/Bus**	**Emergency (check)**