



MATTERS OF SENIOR LIVING
Where the Quality of Senior Lives Matter

Future Resident

Application Form

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GENERAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State _____ Zip _____ County _____

Phone Number (_____) _____ Email _____

How did you hear about Matters of Senior Living? _____

Current Living Arrangements: _____

Living alone Living with spouse Hospital Other _____

Living with family: Name _____ Relationship _____

How long have you been at your current address? _____

PERSONAL INFORMATION

Date of Birth ____/____/____ Age _____ Birth Place _____

Sex: Female Male Ethnicity _____ Highest Level of Education _____

Former Occupation _____ Year of Retirement _____ Place of Employment _____

Marital Status: Single Married Widowed Divorced

Religious Preference _____ Parish/Congregation _____

Primary Language Spoken _____ Other Languages _____

Is applicant a U.S. citizen? Yes No — Alien Registration # _____ Entry Port _____

Social Security # |_|_|_|_|-|_|_|_|-|_|_|_|_|_|

Medicare # |_|_|_|_|_|_|_|_|_|_| Do you have Medicare B? Yes No

Medicaid # |_|_|_|_|_|_|_|_|_|_| Effective Date ____/____/____

Other Health Insurance * _____

Phone Number (_____) _____ Group # _____ ID # _____

* Copy of insurance cards required

CONTACT INFORMATION

Personal Physician Name

Address _____
City _____ State _____ Zip _____
Phone (_____) _____ Fax (_____) _____

Have there been any hospitalizations or admissions to a rehabilitation facility within the last year? Yes No *If yes, dates and locations needed:* _____

Contact Person (general questions/concerns)

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Phone (_____) _____ Cell Phone (_____) _____ Email _____

Funeral Home

Name _____ Phone (_____) _____
Do you own a burial lot? Yes No Do you have a burial trust? Yes No *If yes, amount: \$* _____

FINANCIAL INFORMATION

ANNUAL INCOME

Social security\$ _____
Other:\$ _____
TOTAL ANNUAL INCOME\$ _____

I declare that the information contained herein is true and complete to the best of my knowledge. I understand that this information is confidential and will be used by Matters of Senior Living to determine my eligibility for residency.

Applicant/Responsible Party Signature Date ____/____/____