

PRELIMINARY APPLICATION
EDEN SUPPORTIVE LIVING

How did you hear about us? _____

CONTACT INFORMATION

Name: _____ Home Phone: _____ Other Phone: _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Age: _____ Social Security #: _____-____-_____

Email Address: _____ OK to call? Yes: _____ No: _____

Emergency Contact Name: _____ Phone: _____

GENERAL INFORMATION

1. What is your yearly income: \$ _____

Please indicate sources of income** and medical reimbursement (if any):

Employer: _____ Phone: _____

Position: _____ Monthly Salary: \$ _____

Social Security (Circle one): SSI / SSDI / SSA Monthly Amount: \$ _____

(Circle one): Link Card / Other: _____ Monthly Amount: \$ _____

Medicaid? (Circle one): Yes / No Medicare? (Circle one): Yes / No

Private Insurance: _____ Monthly Amount: \$ _____

Pension Provider: _____ Monthly Amount: \$ _____

Other: _____ Amount: \$ _____

**Income includes, but is not limited to: Social Security, pension, stocks, bonds, interest, annuity, dividends, IRA, rental or other income. The applicant will be required to provide proof of all income sources before being approved.

2. Please list the total cash value of all assets in your name:

List of Assets: _____

Total Amount of Assets: \$ _____

(To qualify for Medicaid assistance your non-exempt assets may not exceed \$2,000)

3. Marital Status: Single: _____ Married: _____ Divorced: _____ Widowed: _____

4. Have you ever been evicted from an apartment? Yes: _____ No: _____

5. Where do you currently live? (Circle one)

a. Nursing home: _____

b. Apartment

c. Private home

d. Other: _____

If you do not live in a care facility, do you currently work with a caregiver? Yes _____ No _____

Please explain: _____



6. Please indicate **how often you have problems or will need assistance** with the following Activities of Daily Living:

(Circle one on each row)

	Never	Rarely	Sometimes	Always	Explain
Toileting	0	1	2	3	_____
Bathing / Showering	0	1	2	3	_____
Transferring	0	1	2	3	_____
Grooming / Dressing	0	1	2	3	_____
Housecleaning	0	1	2	3	_____
Taking Medication	0	1	2	3	_____
Medication Reminders	0	1	2	3	_____
Eating	0	1	2	3	_____
Laundry	0	1	2	3	_____
Breathing / Swallowing	0	1	2	3	_____
Memory Loss	0	1	2	3	_____
Incontinence	0	1	2	3	_____

If incontinent, are you able to manage it by yourself? Yes: _____ No: _____

Insulin Dependant 0 1 2 3 _____

If insulin dependant, are you able to manage it by yourself? Yes: _____ No: _____

Wounds 0 1 2 3 _____

If you have wounds, are you able to manage it by yourself? Yes: _____ No: _____

7. Current Health Status / Diagnosis: Primary - _____
 Secondary - _____
 Tertiary - _____

8. Any mental diagnosis? If so, explain: _____

This application is not a rental agreement, contract or lease. All applications are subject to the approval of the owner or managing agent. I (we) certify under penalty of perjury that the information and statements provided above are true and complete to the best of my (our) knowledge. I (we) consent to release this information in order to qualify for Section 42 Housing. I (we) understand that providing false information may be grounds for denial of my (our) application and may subject me (us) to criminal penalties.

I (we) give consent and authorization to have management verify the information contained in this application for the purpose of approving my (our) eligibility for occupancy. I (we) will provide all necessary information to expedite this process. I (we) understand that my (our) occupancy is contingent on meeting management's resident selection criteria and guidelines. I (we) understand and agree that inquiries may include information related to credit, employment, rental and criminal records. I (we) further agree that verification of all information and references regarding sources of income and assets may be conducted and I (we) release all parties for any liability for disclosing factual information obtained by management. I (we) understand and agree that a photocopy or fax of this authorization can be used in lieu of an original.

I (we) agree that any monies I (we) pay to Eden before signing the Resident Contract are not refundable and shall be retained by Eden as liquidated damages if my application is approved and I (we) decide not to rent the Unit. Moreover, Resident's monies paid to Eden are not considered as security deposit until both Eden and Resident have fully executed the Resident contract. At that time only will the specific Resident funds deposited into Eden's Security Deposit Account.

Agreed By:

