

Applicant's Name \_\_\_\_\_

**Level of Service Desired:**

- Village Estates Independent Duplex Living
- HFA Independent/Assisted Living
- Respite Care

- Short-stay Rehabilitation
- Long-term Skilled Nursing
- Memory Care

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## Application for Residency



**1200 Wright Avenue, Alma, MI**

**1-800-321-9357**

**[www.masonicpathways.com](http://www.masonicpathways.com)**

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# Application for Residency

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If other than applicant, who should we contact regarding the status of this application?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If other than applicant, who will be responsible for payment of monthly invoices?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Applicant Information

Full Name: \_\_\_\_\_ SSN#: \_\_\_\_\_  
(First, Middle, Last as appears on Social Security Card)

Nickname: \_\_\_\_\_ [ ] Would prefer to use

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street and/or Post Office Box

City State Zip Code

Home Phone #: ( ) Cell Phone #: ( )

Employment Status: [ ] Currently Employed [ ] Retired Date Retired: \_\_\_\_\_

Name of Employer (current or retired from): \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

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Are you a current Michigan resident? [ ] Yes [ ] No If yes, since when? \_\_\_\_\_

Are you a U.S. Citizen? [ ] Yes [ ] No

Race: [ ] American Indian [ ] Caucasian  
[ ] Asian [ ] Hispanic  
[ ] African American [ ] Other \_\_\_\_\_

Do you have any religious preferences? Please list: \_\_\_\_\_

Are you a veteran of the U.S. Armed Services?  Yes  No

Branch of service: \_\_\_\_\_ Dates of service: \_\_\_\_\_

Do you currently receive Veteran's Benefits?  Yes  No

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Marital Status:  Single  Married  Separated  Divorced  Widowed

Name of Spouse: \_\_\_\_\_ Wedding Date: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

Spouse's Employment:  Currently Employed  Retired Date Retired: \_\_\_\_\_

Spouse's Employer (current or retired from): \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Is the spouse a veteran of the U.S. Armed Services?  Yes  No

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**Check all statements that apply to your current living arrangement.**

I live alone.

I own my home.

I live with my spouse.

I live in a rental home.

I live with a friend or relative other than a spouse.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I live in an Adult Foster Care, Assisted Living or Skilled Nursing Facility.

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Case Manager: \_\_\_\_\_

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## Masonic Affiliation

Are you currently one of the following? (Check all that apply.)

Member of a Michigan Lodge of Free and Accepted Masons

The wife, widow or mother of a member of a Michigan Lodge

A member of a Michigan Chapter of the Order of the Eastern Star

Lodge/Chapter Name & Number: \_\_\_\_\_

**Health Care Insurance (Complete or provide copies of front & back of each card.)**

<b>Insurance Type (Check all that apply)</b>	<b>Name Listed on ID Card</b>	<b>ID/Group/Contract Number</b>
<input type="checkbox"/> Traditional Medicare	_____	_____
<input type="checkbox"/> Medicare Advantage	_____	_____
Are you on Medicare due to a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Rx Drug Coverage	_____	_____
Rx Plan Name _____		
<input type="checkbox"/> Medicaid	_____	_____

Have you ever applied for Medicaid?    Yes    No

If Yes, provide copy of application and details, i.e. pending, denied, etc.

\_\_\_\_\_

\_\_\_\_\_

<input type="checkbox"/> Blue Cross/Blue Shield	_____	_____
<input type="checkbox"/> Other Insurance	_____	_____
Plan Name _____		

Are you covered by a group Health Plan based on your present or former employer or a spouse's Health Plan?    Yes    No

Does spouse currently receive Veteran's Black Lung or Government Research Program Benefits?    Yes    No

Have you ever had renal disease or been on kidney dialysis?    Yes    No

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**Legal Information (Please attach signed copies of all supporting documents.)**

Has the court appointed a Guardian or Conservator for you?    Yes    No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a Durable Power of Attorney (DPOA) for Health Care?    Yes    No

Name: \_\_\_\_\_ Phone \_\_\_\_\_



# Financial Worksheet

## IMPORTANT NOTE: YOU MUST ATTACH REQUESTED DOCUMENTATION

List monthly income from all sources and attach proof of amounts, i.e. Social Security benefit statements, pension check stubs, annuity or rental contract, etc.

Social Security: \$ \_\_\_\_\_

Dividends: \$ \_\_\_\_\_

Pensions: \$ \_\_\_\_\_

Annuity Income: \$ \_\_\_\_\_

VA Benefits: \$ \_\_\_\_\_

Rental Income: \$ \_\_\_\_\_

Interest Income: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

Do you have any such assets as listed below? If yes, please list the current value of the asset, how it is titled, and attach requested documentation.

Account	Yes or No	Current Amount	How is it Titled?
<b>Checking/Money Market</b> Current statement	[ ]Yes [ ]No	\$	
<b>Savings/CDs</b> Current statement	[ ]Yes [ ]No	\$	
<b>Autos/RVs</b> Title or Registration	[ ]Yes [ ]No	\$	
<b>Home</b> Deed & Tax Statement/SEV	[ ]Yes [ ]No	\$	
<b>Other Real Estate</b> Deed & Tax Statement/SEV	[ ]Yes [ ]No	\$	
<b>Land Contract</b> Contract/Payment Schedule	[ ]Yes [ ]No	\$	
<b>Stocks/Bonds</b> Current statement	[ ]Yes [ ]No	\$	
<b>Other Investments</b> <b>Annuities, Mutual Funds, etc.</b> Contract/Current statement	[ ]Yes [ ]No	\$	
<b>Life Insurance</b> Proof of face value and cash surrender value	[ ]Yes [ ]No	\$	
<b>Prepaid Funeral</b> Statement of "Goods & Services" and Irrevocable Statement	[ ]Yes [ ]No	\$	
<b>Cemetery Plot</b> Copy of Deed	[ ]Yes [ ]No	\$	

**LIST MONTHLY EXPENSES FOR THE FOLLOWING:**

Mortgage:	\$ _____	Notes/Loans:	\$ _____
Property Taxes:	\$ _____	Credit Card Debt	\$ _____
Home Insurance:	\$ _____	Other:	\$ _____

In the past five (5) years immediately preceding the date of this application, have you sold, given away, or transferred ownership, or removed or added a name on any asset(s) or have you had a judgment/bankruptcy entered against your assets?       **Yes**     **No**

**If yes**, please write a description of each asset, its value, the date of sale/gift/transfer, recipient, and the recipient’s relationship to you. Complete documentation is required.

**Asset Description:** \_\_\_\_\_

**Value:** \_\_\_\_\_

**Date of Sale/Gift/Transfer:** \_\_\_\_\_

**Recipient:** \_\_\_\_\_

**Recipient’s Relationship to You:** \_\_\_\_\_

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_

**Asset Description:** \_\_\_\_\_

**Value:** \_\_\_\_\_

**Date of Sale/Gift/Transfer:** \_\_\_\_\_

**Recipient:** \_\_\_\_\_

**Recipient’s Relationship to You:** \_\_\_\_\_

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_

