



**Greenwood House  
ABRAMS RESIDENCE**

**Application for Admission**

Please complete and return to:

Greenwood House  
53 Walter Street, Ewing, NJ 08628

1. Name: \_\_\_\_\_ Marital Status:  Single  Married  Divorced  Widowed

2. Present Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Years at Present Address: \_\_\_\_\_ Religion: \_\_\_\_\_

If Less Than 2 Years, Previous Address \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthplace \_\_\_\_\_ Occupation \_\_\_\_\_

5. Medicare # \_\_\_\_\_ Social Security# \_\_\_\_\_ Medicaid# \_\_\_\_\_

Other Insurance (Name) \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Subscriber \_\_\_\_\_ Phone # \_\_\_\_\_

Name & Address of Spouse (if Living) \_\_\_\_\_

6. With Whom Are You Now Living? Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street City State Zip Home Phone #

7. Names and Addresses of Primary Contacts:

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street City State Zip Home Phone #

Cell Phone # Work Phone # Email Address

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street City State Zip Home Phone #

Cell Phone # Work Phone # Email Address

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street City State Zip Home Phone #

Cell Phone # Work Phone # Email Address

10. Has a durable *Power of Attorney* been designated?  Yes  No

If yes, name of designee \_\_\_\_\_ Phone # \_\_\_\_\_

11. Has a durable *Financial Power of Attorney* been designated?  Yes  No

If yes, name of designee \_\_\_\_\_ Phone # \_\_\_\_\_

12. Has a durable *Medical Power of Attorney* been designated?  Yes  No

If yes, name of designee \_\_\_\_\_ Phone # \_\_\_\_\_

**ASSETS:**

Name & Address of Bank: \_\_\_\_\_ Balance: \_\_\_\_\_

Account:  Single  Joint Type:  Checking  Savings

Name of Bank: \_\_\_\_\_ Balance: \_\_\_\_\_

Account:  Single  Joint Type:  Checking  Savings

**Stocks & Bonds:**

Name: \_\_\_\_\_ Estimated Value: \_\_\_\_\_  Single  Joint

Name: \_\_\_\_\_ Estimated Value: \_\_\_\_\_  Single  Joint

Name: \_\_\_\_\_ Estimated Value: \_\_\_\_\_  Single  Joint

**Real Estate:**

1) Property Address: \_\_\_\_\_

Estimated Value: \_\_\_\_\_  Single  Joint Is property currently on the market?  Yes  No

2) Property Address: \_\_\_\_\_

Estimated Value: \_\_\_\_\_  Single  Joint Is property currently on the market?  Yes  No

**Other assets** (please describe and whether ownership is single or joint): \_\_\_\_\_

**TOTAL ASSETS: \$** \_\_\_\_\_

**Liabilities** (Please describe): \_\_\_\_\_ **TOTAL LIABILITIES: \$** \_\_\_\_\_

**Income** (Monthly):

Social Security: \$ \_\_\_\_\_ Annuities: \$ \_\_\_\_\_ Interest Dividends: \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ **Total Monthly Income: \$** \_\_\_\_\_

How do expect to pay for care now? \_\_\_\_\_ In 2 Years? \_\_\_\_\_

**Thank you for completing this application. A nonrefundable \$100.00 application fee must accompany this application. In addition, a refundable \$1,000.00 deposit, which can be applied to your first month's rent, is also required at this time.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of responsible party \_\_\_\_\_ Date \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

We confirm that the above statement is complete and correct:

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of person completing form for applicant \_\_\_\_\_ Date \_\_\_\_\_

**ABRAMS RESIDENCE**  
**50 Walter Street, Ewing, NJ 08628**  
**Phone 609-883-5391 Fax 609-530-1635**