BRANDON WOOD RETIREMENT CENTER APT.# 730 W. JEFFERSON MORTON, IL 61550 (309) 263-7341

TELE:	
CELL:	 _

RESIDENCY APPLICATION

1. GENERAL INFORMATION	
Name:	Marital Status:
Medicare #:	_Social Security #:
Other Insurance:	
Church Attended:	
2. MEDICAL INFORMATION	
Date & Place of Birth: (Month/Day/Year) (City/State)
Male () Female ()	
Name of Physician:	_Phone:
Address:	
	
Hospital Preference:	-
Special Orders/Diet:	
Hospitalization in the past 12 months	? Yes () No ()
If yes, list date, hospital, reason,	term, and attending physician:
3. MEDICATIONS Medication, Strength, Taken How Often	;
Allergies:	

4. IN CASE OF AN EMERGENCY, PLEASE NOTIFY Relationship: Name: Phone (H): Phone (C): Address: Phone (W): Relationship: Name: Address: _____ Phone(H): ____Phone(C): ____ EMAIL: Phone(W): Name: Relationship: EMAIL: Address: _____Phone(H): ____Phone(C): _____ Phone (W): Relationship:_____ Name: EMAIL: Phone (H): Phone (C): Phone (W):_____ 5. RECREATION Do you have any health problems which may prevent you from joining recreational Hobbies and Interests: 6. FINANCIAL INFORMATION List your income from Pensions, Social Security, Veterans Benefits, Dividends, Etc... SOURCE INCOME INCOME SOURCE Average Monthly Income: _____ Type of Unit: Studio () One Bedroom () Two Bedroom () Number of Meals Desired PLEASE SIGN BELOW TO SIGNIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Applicant

Date

We do business in accordance with the Federal Fair Housing Law. It is illegal to discriminate against any person because of race, color, religion, sex, handicap, family status, or national origin.