



The Villages

Confidential Data Application

Confidential Data Application

(All information will be held confidential)

Please Print Clearly or Type

1. Name _____
Last First Middle

2. Address _____
Street City State Zip Code

3. Telephone No. _____ Birth Date _____
Month Day Year

4. Your Social Security number _____

5. Marital Status Married Single Widowed

6. Name of Spouse _____ Birth Date _____
Month Day Year

Spouse's Social Security number _____

7. Power of Attorney (if applicable) _____

Address _____
Street City State Zip Code

Telephone No. () _____

8. Person to notify in case of emergency _____

Address _____
Street City State Zip Code

Telephone No. () _____

9. E-mail Address _____

10. What are your hobbies or interests? _____

11. Licensed to drive a car? _____ Would you bring a car? _____

12. Apartment style desired _____ Floor preferred _____

Financial Statement

(All information will be held confidential)

List sufficient resources from which monthly fees and personal needs will be paid.

REGULAR MONTHLY INCOME

	1st Person	2nd Person
Social Security	\$	\$
Pension	\$	\$
Dividends	\$	\$
Interest	\$	\$
Mortgage/Rental Income	\$	\$
IRA Income	\$	\$
Trust Income	\$	\$
Other Monthly Income	\$	\$
Total Regular Monthly Income	\$	\$

CAPITAL ASSETS

Cash (Savings & Checking)	\$
CDs, Money Markets, etc.	\$
Stocks & Bonds	\$
IRAs, Annuities, etc.	\$
House	\$
Other Real Estate	\$
Trust Fund	\$
Life Insurance	\$
Other Assets	\$
Total Assets	\$

I hereby declare that all statements made herein are true according to my best knowledge and belief.

In witness whereof I hereunto set my hand to this application this _____ day of _____, 20____.

Signature

Signature

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