



SPRINGSIDE AT SENECA HILL

Application for Residency

Springside at Seneca Hill
Premier Independent Senior Living
10 County Route 45A
Oswego, NY 13126



Phone: (315) 343-5658

Fax: (315) 207-0179

CONFIDENTIAL DOCUMENT

www.oswegohealth.org

SECTION I – PERSONAL INFORMATION

Applicant Name: _____ DOB: _____

*Co-Applicant Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

SECTION II - RESIDENCE

Do you own or rent your home? ☐ Own ☐ Rent

How long at current address? _____

Mortgage Balance (if any) \$ _____ or Current rental rate \$ _____

If owner, do you plan to sell your home before moving to Springside? ☐ Yes ☐ No

If you have lived at your current address two years or less, list your previous addresses within the last 5 years, beginning with your current address:

| ADDRESS | OWN/RENT | HOW LONG THERE |
|---------|----------|----------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

SECTION III – PERSONAL HISTORY

Marital Status: ☐ Married ☐ Single (never married) ☐ Widowed ☐ Divorced/Separated

Siblings (please continue list on a separate sheet of paper if more space is needed)

| NAME | ADDRESS | PHONE |
|------|---------|-------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Children (please continue list on a separate sheet of paper if more space is needed)

| NAME | ADDRESS | PHONE |
|------|---------|-------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Personal References (not related to you)

| NAME | ADDRESS | PHONE |
|------|---------|-------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Work History (last three employers)

| COMPANY NAME | LOCATION | JOB/POSITION | HOW LONG EMPLOYED |
|--------------|----------|--------------|-------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

SECTION IV – PERTAINING TO FINANCIAL INFORMATION

Will you need to draw upon your savings (assets) to meet expense? ☐ Yes ☐ No

Which payment option do you prefer? (Congregate Apts. Only) ☐ Equity ☐ Rental

Will you be handling your own financial affairs? ☐ Yes ☐ No

Do you have a Financial Power of Attorney (POA) or Living Trust established? ☐ Yes* ☐ No

*Please provide a copy of POA or Trust Document to Springside at Seneca Hill.

Name of Power of Attorney (POA) or Trust Administrator _____

Address _____

Phone _____

If your monthly invoices should be sent to someone other than you, please provide that person's name, address, and telephone number below:

SECTION V – HOUSING PREFERENCE

Congregate Apartments ☐ One-bedroom ☐ Two-bedroom

Duplex and Cottage Units ☐ Style "A" ☐ Style "B" ☐ Cottage

SECTION VI – HEALTH/MEDICAL INFORMATION

Primary Care Physician: _____

Address: _____

Telephone: _____

Specialists

| NAME | SPECIALITY | ADDRESS | PHONE |
|------|------------|---------|-------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Do you plan to continue your relationship with your current health-care providers(s)?

☐ Yes* ☐ No ☐ Uncertain

*NOTE: Referral to local physicians is available. Please speak with Resident Director.

Would you like recommendations for deciding upon local health care professionals?

☐ Yes* ☐ No ☐ Uncertain

Describe your current health condition:

Applicant

Medicare # _____ Secondary Insurance Company _____

Policy # _____ Group # _____

Co-Applicant

Medicare # _____ Secondary Insurance Company _____

Policy # _____ Group # _____

Do you have a Medical Power of Attorney (Health Care Proxy) in NY State? ☐ Yes ☐ No

If yes, please provide that person's name, address, and telephone number below:

Who should we notify in the event of an emergency?

Name: _____ Phone: _____

Address: _____

Do you have a Last Will and Testament? ☐ Yes ☐ No

Who will be the Executor of your will?

Name: _____ Phone: _____

Address: _____

Please indicate which funeral home should be contracted in the event of your death:

SECTION VII – FINANCIAL

Financial Information must be listed and verified via your account statements to prove financial eligibility to live at Springside. This information will be returned to you for your privacy.

Applicant Name: _____ Co-Applicant Name: _____

References:

| BANK/FINANCIAL INSTITUTION | ADDRESS | TYPE OF ACCOUNT |
|----------------------------|---------|-----------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Annual Income (check range):

☐ \$15,000 - \$19,000

☐ \$20,000 - \$29,000

☐ \$30,000 & Over

Approximate Net Worth: \$ _____

Income Sources/Amounts (check all that apply, verification required, copy of most recent statements):

| | Applicant | Co-applicant |
|--|-----------|--------------|
| <input type="checkbox"/> Social Security | \$ _____ | \$ _____ |
| <input type="checkbox"/> Pension | \$ _____ | \$ _____ |
| <input type="checkbox"/> Real Estate | \$ _____ | \$ _____ |
| <input type="checkbox"/> Savings Acct. | \$ _____ | \$ _____ |
| <input type="checkbox"/> Ins./Annuity | \$ _____ | \$ _____ |
| <input type="checkbox"/> Investments | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |

SECTION VIII – DISCLOSURES

Springside at Seneca Hill, Inc. is a not-for-profit corporation in New York State governed by a Board of Directors.

Springside practices non-discrimination in the promotion of dwelling units and in the execution of Residency Agreements. Residency will not be denied to any person because of sex, race, religion, handicap or national origin.

An Offering Plan; disclosure document was filed with the New York State Department of Law and approved by the State Attorney General as of April 2, 1999. This Offering Plan is available upon request for you to inspect if you so desire. Please request a copy from the Chief Operating Officer.

A \$500 non-refundable reservation fee is required to reserve a living unit or to be placed on the waiting list. This application should be completed prior to reserving a unit. Once submitted, it will be reviewed. If additional information is needed to complete the application process you will be notified. An applicant who does not meet residency criteria may be denied occupancy. Each applicant will be notified as to the status of his/her application, in writing, within five to fourteen days after receipt of the application.

APPLICANT SIGNATURE

I understand that my application will be reviewed upon receipt and I will be notified regarding acceptance for residing at Springside at Seneca Hill within 5 to 14 days.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____