

SHORT TERM STAY PRE-ADMISSION APPLICATION

PERSONAL INFORMATION

Last Name	First Name	Middle	
Address	City	State	Zip Code
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Social Security Number: Self		Spouse	
Date of Birth: Self		Spouse	

FINANCIAL INFORMATION

If you would need to remain at Claremont beyond the last day covered by your insurance would you need to apply for Medical Assistance? Yes No

You will need to meet the financial requirements in order to qualify. Please select the items that apply to you:

My **gross** monthly income is: Less than \$2,382.00 Greater than \$2,382.00

Combined bank account balances for my spouse and me are: Greater than \$8,000
 Less than \$8,000 and more than \$2,400.00 Less than \$2,400

Please indicate with an X in the appropriate box below all additional investments owned by you, your spouse, or jointly held.

	You	Your Spouse	Joint
IRA			
401K or Other Retirement Fund			
CDs			
Stocks/Bonds			
Annuities			

Please indicate with an X in the appropriate box the accurate answer to the questions below:

	Yes	No
I have a life insurance policy with a cash surrender value	<input type="checkbox"/>	<input type="checkbox"/>
My spouse has a life insurance policy with a cash surrender value	<input type="checkbox"/>	<input type="checkbox"/>
In the past 5 years I and/or my spouse have:		
Sold a car and/or a house for less than fair market value	<input type="checkbox"/>	<input type="checkbox"/>
Given or loaned over \$500 to a family member or other individual	<input type="checkbox"/>	<input type="checkbox"/>
Are you court ordered to pay child support, alimony, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing/able to provide 5 years of financial history for you and your spouse?	<input type="checkbox"/>	<input type="checkbox"/>

Please list any additional financial information or concerns that you have.

Signature _____

Date _____