



**THE PHILADELPHIA PROTESTANT HOME**

**6500 Tabor Avenue  
Philadelphia, PA 19111  
215-697-8005**

**APPLICATION FOR ADMISSION OF:**

**(Print or type only.)**

**Applicant #1 - Name: (Mr-Mrs-Ms)** \_\_\_\_\_  
**(First) (Middle) (Last)**

**Applicant #2 - Name: (Mr-Mrs-Ms)** \_\_\_\_\_  
**(First) (Middle) (Last)**

**Address:** \_\_\_\_\_  
**(Street)**

\_\_\_\_\_  
**(City) (State) (Zip Code)**

**Phone Day:** \_\_\_\_\_

**Phone Evening:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Applicant #1:** \_\_\_\_\_  
**Social Security Number Birth Date Birth Place**

**Applicant #2:** \_\_\_\_\_  
**Social Security Number Birth Date Birth Place**

**Marital Status (optional):** \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Widowed \_\_\_ Divorced

**Name of Spouse:** \_\_\_\_\_  
**(First) (Last)**

**Previous Occupation:** \_\_\_\_\_

**Previous Employer(s):** \_\_\_\_\_

**Religious Affiliation (optional):** \_\_\_\_\_

**Please list Health, Accident, Hospitalization and/or Long Term Care Policies:**

**Health:** \_\_\_\_\_

**Accident:** \_\_\_\_\_

**Hospitalization:** \_\_\_\_\_

**Long Term Care:** \_\_\_\_\_

**Do you use any assistive device(s) when you walk? If yes, please explain:**

\_\_\_\_\_

**Why do you wish to apply for admission at this time?** \_\_\_\_\_

\_\_\_\_\_

**Alternate Contacts:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**I make this application for residence in The Philadelphia Protestant Home of my own free will and accord. I declare the answers to the foregoing questions to be true, full and complete to the best of my knowledge. All information may be released to The Philadelphia Protestant Home by above sources to verify statements and references given in this application.**

**I understand and agree that in the event the Home accepts my application for residency it is relying on the information provided above. I further understand and agree that any incorrect or false information supplied by me or information omitted by me in my application may result in a denial of my application or the termination of my residency if I have been accepted.**

**Date: \_\_\_\_\_ Signature: \_\_\_\_\_**



***The Philadelphia Protestant Home does not discriminate in any phase of operation on the basis of race, color, creed, ancestry, handicap, national origin, age or gender.***

# The Philadelphia Protestant Home

## FINANCIAL PROFILE

Upon admission, each applicant must prove to the Home's satisfaction that he/she has assets and income sufficient to meet the anticipated costs in the home.

We require a full financial disclosure. A disclosure of assets and income sufficient to meet the above requirement is necessary. The applicant shall not make any substantial gift of property, which would impair his or her ability to meet the financial obligations under the agreement.

I make this as part of my application for residence in The Philadelphia Protestant Home of my own free will and accord. I declare the answers to the foregoing questions to be true, full and complete to the best of my knowledge. Documentation must be attached to verify all financial information reported.

I understand and agree that in the event the Home accepts my application for residency it is relying on information provided above. I further understand and agree that any incorrect or false information supplied by me or information omitted by me in my application may result in the denial of my application or the termination of my residency if I have been accepted.

The following is to be completed by each applicant to support the financial requirements at time of application and at admission. (Attach additional sheets if necessary):

### REQUIRED DOCUMENTATION FOR FINANCIAL PROFILE

#### Income

Social Security.....Copy of social security check or Bank statement for direct deposit

Pension.....Copy of pension check or Bank statement for direct deposit

Annuity/IRA Income... Copy of latest tax return

#### Assets

Bank Account.....Bank statements for the last 3 months

Money Market.....Copy of most current money market statement

Stocks.....Copy of most current stock statement

CDs.....Copy of most current certificate of deposit statement

Bonds/Mutual Funds.....Copy of most current statement

Real Estate.....Letter from Realtor stating approximate value or appraisal

## PPh Financial Application

	Applicant #1	Applicant #2
<b>Name</b>		
<b>Birth Date</b>		
<b>Income</b>		
Social Security		
Pension		
Annuity/IRA		
Other		
<b>Total Income</b>		
<b>Assets</b>		
Bank Accounts		
Money Market Accounts		
Stocks		
CDs		
Bonds/Mutual Funds		
Real Estate		
Other		
<b>Total Assets</b>		
<b>Life Insurance</b>		
<b>Outstanding Debt</b>		
<b>PPh Expenses/Month</b>		
PPh Rent		
Vehicle Expenses		
Medication Expenses		
Living Expenses		
Health Insurance		
Monthly Meal Plan		
Other		
<b>Total Expenses/ Month</b>		

Pre-paid burial?    Yes    No

Do you have long term care insurance?    Yes    No If yes, attach benefit page.

Are you a wartime veteran or the surviving spouse of a veteran?    Yes    No

Signatures of Applicant(s) \_\_\_\_\_

Date: \_\_\_\_\_