



**WATERMAN VILLAGE**

**Bridgewater Assisted Living Application**

**First Occupant Information**

Mr./Mrs./ Ms. First \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_

Nickname \_\_\_\_\_ Address: \_\_\_\_\_

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

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Medicare # \_\_\_\_\_ Social Security # \_\_\_\_\_

Secondary Insurance Name and #: \_\_\_\_\_  
(Copies of current insurance and ID cards are required)

Date of Birth: \_\_\_\_\_ Wedding Anniversary Date: \_\_\_\_\_

Previous Occupation \_\_\_\_\_ Branch of Military Service \_\_\_\_\_

**Second Occupant Information (If applicable)**

Mr./Mrs./ Ms. First \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_

Nickname \_\_\_\_\_ Address: \_\_\_\_\_

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

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Medicare # \_\_\_\_\_ Social Security # \_\_\_\_\_

Secondary Insurance \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Wedding Anniversary Date: \_\_\_\_\_

Previous Occupation \_\_\_\_\_ Branch of Millitary Service \_\_\_\_\_

## Emergency / Primary Contact Information

Person to notify in case of emergency Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email address (required) \_\_\_\_\_

## Personal Physician(s)

First Occupant. Physician Name \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Second Occupant. Physician Name \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**If someone other than you administers your finances, please complete the following:**

**Family Member** Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

**Durable / Financial Power of Attorney** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

**Trust officer** Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

**Attorney** Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

## Children

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## Pets

Do you have a pet? Y / N

If yes, what type? Cat / Dog If dog, what breed and size? \_\_\_\_\_

Will pet reside in facility? Y / N

Does your pet have current vaccination records? Y / N

## Apartment Selection

Bridgewater apartment style requested: (Circle one)

**Azalea      Hibiscus      Camellia      Gardenia      Magnolia      Dogwood**

## Procedure

- 1) \_\_\_\_\_ Submit Application Form and Confidential Financial Information Form
- 2) \_\_\_\_\_ Wait for Waterman Village to review application. If approved...
- 3) \_\_\_\_\_ Submit \$1,200 non-refundable Community fee (Payable to Waterman Communities, Inc.)

Check # \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_

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**A Resident Health Assessment for Assisted Living Facilities, AHCA Form 1823, is required for all residents. This assessment which requires a face to face assessment, is to be completed by your physician prior to moving in to the Bridgewater.**

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**I (We) declare the information in this application to be true, full and complete. I (We) give Waterman Village permission to verify the information in this application.**

\_\_\_\_\_  
Signature (First Applicant or POA)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Second Applicant if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Waterman Village Representative

\_\_\_\_\_  
Date

yls 01/18/21

**Copies of statements are REQUIRED for verification of assets and monthly income listed.**

**CURRENT ASSETS**

**Applicant**

**Co-applicant (if held separately)**

Checking Account	_____	_____
Savings Account	_____	_____
Stocks	_____	_____
Bonds	_____	_____
CDs	_____	_____
Annuities	_____	_____
Home Value	_____	_____
Other Real Estate	_____	_____
Life Insurance with spouse as beneficiary	_____	_____
Trust Funds	_____	_____
Other Assets (please explain)	_____	_____



**TOTAL ASSETS**

\_\_\_\_\_

**MONTHLY INCOME**

**Applicant**

**Co-applicant (if held separately)**

Social Security	_____	_____
Pension	_____	_____
Interest	_____	_____
Dividend	_____	_____
Rental Income	_____	_____
Annuity	_____	_____
IRA	_____	_____
Trust Fund	_____	_____
Income from Notes Receivable	_____	_____
Other (please explain)	_____	_____

**TOTAL MONTHLY INCOME**

\_\_\_\_\_

**LIABILITIES**

**Applicant**

**Co-Applicant**

Mortgage

\_\_\_\_\_

\_\_\_\_\_

Notes Payable

\_\_\_\_\_

\_\_\_\_\_

Bills Due

\_\_\_\_\_

\_\_\_\_\_

Other (please explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL LIABILITIES**

\_\_\_\_\_

**ESTIMATED MONTHLY EXPENSES THAT YOU WILL STILL HAVE, AFTER YOU MOVE INTO WATERMAN VILLAGE**

**Expense Name**

**Amount**

**Electric**

\_\_\_\_\_

**Medicare Supplement Premium(s)**

\_\_\_\_\_

**Car Payment(s)**

\_\_\_\_\_

**Medical Bills / Drugs not covered by Ins.**

\_\_\_\_\_

**Life Insurance**

\_\_\_\_\_

**Car Insurance**

\_\_\_\_\_

**Gas for Auto(s)**

\_\_\_\_\_

**Groceries/personal items**

\_\_\_\_\_

**Cell Phone / Landline**

\_\_\_\_\_

**Other (name):**

\_\_\_\_\_

**Other (name):**

\_\_\_\_\_

**TOTAL MONTHLY EXPENSES:**

\_\_\_\_\_

**Applicant/POA One - Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant/POA Two – Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return completed form to: Waterman Village, Bridgewater Assisted Living Residence, 500 Waterman Avenue, Mount Dora, FL, 32757. (352) 383-2615 EMAIL: ystaab@watermanvillage.com

\* Submission/approval of this financial information form, does not guarantee future residency. Waterman Village may request that an updated financial information form be submitted, at its discretion, at anytime in the future.

(Waterman Village Use Only)

Reviewd by: \_\_\_\_\_ Date: \_\_\_\_\_

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