

Massawippi Christian Retirement Homes
Grace Christian Home – Connaught Home

Application for Financial Support

It is our sincere desire to provide care for all those in need, regardless of their financial capacity. With this in mind, Massawippi Christian Retirement Homes will prayerfully consider all applicants for financial support. If you do not have sufficient funds to meet your monthly obligations, either upon admission, temporarily or indefinitely, please complete this application form. (Please print all information.)

Name of Applicant:		
Last name	First name	Last name at birth
Current Postal Address of Applicant including Postal Code:		
Social Insurance Number:	Telephone Number:	

A) Income Sources

Monthly Income	Assets (market value)
Federal pension _____	Principal residence _____
Provincial supplement _____	Commercial property _____
Other pensions _____	Seasonal property _____
Annuity, RRSP _____	Bank deposits _____
Interest, dividends _____	Investments _____
Other income _____	Other assets _____
_____	_____
Monthly Total\$ _____	Total Assets.....\$ _____

B) Please indicate in what way the family of the applicant will be assisting in providing support for the applicant. Identify any relatives, friends, or organizations from which you will be receiving financial assistance not included on the previous page.

Name	Address	Amount
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

C) Please indicate who will be responsible for paying for consumables and supplies (such as incontinent supplies, prescription drugs, etc.)

Name: _____ Telephone: _____

Address: _____

D) It is hereby understood and agreed that, in consideration of the obligation entered into by Massawippi Christian Retirement Homes, should I leave an estate at the time of my decease, Massawippi Christian Retirement Homes shall be entitled to reimbursement of an amount equal to the difference between the actual cost of the accommodation and the amount paid while I was a resident in its care.

E) I declare that the preceding financial statements are accurate as of the date of application and that I will inform the administration of Massawippi Christian Retirement Homes in writing of any change to the information provided above as long as I am a resident of Grace Christian Home or Connaught Home.

F) I undertake, so long as I am a resident of Grace Christian Home or Connaught Home, and I owe an amount for my accommodation, that I will sign, at least once a year, an acknowledgement of debt in order to declare the amount that I owe at that time, and to undertake formally to pay it. If I should become incapable, I hereby authorize any person who is looking after my affairs to sign such acknowledgement of debt and undertaking on my behalf.

Date: _____ Applicant's
Signature: _____
(please print)

Witness name: _____ Signature: _____
(please print)