



APPLICATION FOR RESIDENCE

I. GENERAL INFORMATION (head of household)

Applicant Name: _____ Social Security No.: _____
Address: Street: _____
City: _____ State: _____ Zip Code: _____
How long at this address? _____ yrs. Email address: _____
Telephone No. where applicant can be reached: _____
Birthdate: ____ / ____ / ____ Birthplace: _____ Gender: ☐ Male ☐ Female
Current or former occupation: _____ ☐ Other
Are you a Veteran or a surviving spouse of a Veteran? ☐ Yes, Veteran ☐ Yes, surviving spouse of a Veteran ☐ No
Marital Status (check one): ☐ Married ☐ Single ☐ Widow(er) ☐ Divorced ☐ Separated
In an emergency, who should we call?

Name #1: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____
Name #2: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____

II. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List head of household first.

Name: _____ Social Security #: _____ Gender: ☐ Male ☐ Female ☐ Other
Birthdate: ____ / ____ / ____ Relationship to Head: _____ Student? ☐ Yes ☐ No
Name: _____ Social Security #: _____ Gender: ☐ Male ☐ Female ☐ Other
Birthdate: ____ / ____ / ____ Relationship to Head: _____ Student? ☐ Yes ☐ No

Do you anticipate any additions to this household in the next twelve months? ☐ Yes ☐ No

Is anyone in this household a full-time student (If yes, please complete form entitled "Full-Time Student Household")? ☐ Yes ☐ No

III. CURRENT LIVING SITUATION

Do you currently own your home, or rent? (check one) ☐ Own ☐ Rent
What type of housing do you live in? (check one) ☐ Apartment ☐ Single Family ☐ Other
☐ Condo ☐ Multi Family

Current monthly rental rate: _____
If rental, Name of Landlord/Owner/Manager: _____
Address: Street: _____
City: _____ State: _____ Zip Code: _____

Do you own an automobile? ☐ Yes ☐ No If yes, make and year: _____

Do you drive yourself regularly? ☐ Yes ☐ No Do you intend to maintain a car? ☐ Yes ☐ No

Are there any problems or concerns which our staff should be aware of, or any special support you might need to live in our community?

Do you require someone (friend, relative, or other person) to live with you at the present time? ☐ Yes ☐ No

If so, who? _____ Reason for this need: _____

If not, do you require someone to visit you during the day? ☐ Yes ☐ No

If so, reason for visit: _____ How long is a visit? _____

Are you considering other housing alternatives? ☐ Yes ☐ No

If so, which ones? _____

IV. INCOME

Applicant's First Name:

Source of Income (fill in appropriate monthly amount):

Social Security

Social Security Number

Monthly Amount \$ _____

Monthly Amount \$ _____

SSI

Monthly Amount \$ _____

Monthly Amount \$ _____

Pension

Pension Identification Number

Monthly Amount \$ _____

Source of Pension (Name and Address): _____

Monthly Amount \$ _____

Source of Pension (Name and Address): _____

Monthly Amount \$ _____

Source of Pension (Name and Address): _____

Veteran's Benefits

Veterans Claim Number

Monthly Amount \$ _____

Monthly Amount \$ _____

Veteran's Affairs Address: _____

Unemployment

Monthly Amount \$ _____

AFDC

Monthly Amount \$ _____

Gross Wages

Employer Name

Monthly Amount \$ _____

Employer Address: _____

Position Held: _____

Length of Employment: _____

Earned Income Tax Credit

Amount \$ _____

Alimony

Monthly Amount \$ _____

Child Support

Monthly Amount \$ _____

Other Income

Source

Monthly Amount \$ _____

Applicable Address: _____

Monthly Amount \$ _____

Applicable Address: _____

IVa. ASSETS

Checking Account(s):

Account Number: _____ Balance: \$ _____

Financial Institution (Name and Address): _____

Account Number: _____ Balance: \$ _____

Financial Institution (Name and Address): _____

Account Number: _____ Balance: \$ _____

Financial Institution (Name and Address): _____

Savings Account(s):

Account Number: _____ Balance: \$ _____

Financial Institution (Name and Address): _____

Account Number: _____ Balance: \$ _____

Financial Institution (Name and Address): _____

Account Number: _____ Balance: \$ _____

Financial Institution (Name and Address): _____

Stocks:

Account Number: _____ Value: \$ _____

Institution (Name and Address): _____

Account Number: _____ Value: \$ _____

Financial Institution (Name and Address): _____

Account Number: _____ Value: \$ _____

Financial Institution (Name and Address): _____

Mutual Fund(s):

Fund Name: _____ Number of Shares: _____ Value: \$ _____

Institution (Name and Address): _____

Fund Name: _____ Number of Shares: _____ Value: \$ _____

Institution (Name and Address): _____

Fund Name: _____ Number of Shares: _____ Value: \$ _____

Institution (Name and Address): _____

Trust Account(s):

Account Number: _____ Balance: \$ _____

Financial Institution (Name and Address): _____

Account Number: _____ Balance: \$ _____

Financial Institution (Name and Address): _____

Account Number: _____ Balance: \$ _____

Financial Institution (Name and Address): _____

Certificate(s) of Deposit:

Account Number: _____ Balance: \$ _____

Financial Institution (Name and Address): _____

Account Number: _____ Balance: \$ _____

Financial Institution (Name and Address): _____

Account Number: _____ Balance: \$ _____

Financial Institution (Name and Address): _____

IVa. ASSETS (Continued)

Savings Bond(s):

Bond Number: _____ Maturity Date: _____ Value: \$ _____
Bond Number: _____ Maturity Date: _____ Value: \$ _____
Bond Number: _____ Maturity Date: _____ Value: \$ _____

Life Insurance:

Policy Number: _____ Company: _____ Face Value: \$ _____
Policy Number: _____ Company: _____ Face Value: \$ _____
Policy Number: _____ Company: _____ Face Value: \$ _____

Investment/Other Property:

Type of Property: _____ Appraised Value: \$ _____
Property Location/Address: _____
Type of Property: _____ Appraised Value: \$ _____
Property Location/Address: _____
Type of Property: _____ Appraised Value: \$ _____
Property Location/Address: _____

Have you sold/disposed of any property in the last 2 years? ☐ Yes ☐ No

If yes, Type of Property: _____

Market Value when Sold/Disposed: \$ _____ Actual Amount Sold/Disposed for: \$ _____

Date of Transaction: _____

Other Assets:

Have you sold/disposed of any other assets in the last 2 years (Example: Given away money to relatives, setup Irrevocable Trust Accounts, etc.)? ☐ Yes ☐ No

If yes, Type of Asset: _____

Date of Transaction: _____ Amount Disposed: \$ _____

Do you have any other assets not listed above (excluding Personal Property)? ☐ Yes ☐ No

If yes, please list: _____

Total Assets: \$ _____

Total Income Earned on Assets: \$ _____

TOTAL ANNUAL INCOME (ASSETS AND INCOME EARNED ON ASSETS):

Total Annual Income: \$ _____

Total Income Earned on Assets: \$ _____

Total Gross Annual Income: \$ _____

Gross Annual Income:

Total Monthly Amounts (from previous page) and multiply by 12: \$ _____

Do you anticipate any changes in this income in the next 12 months? ☐ Yes ☐ No

If yes, please explain: _____

V. MEDICAL AND INSURANCE INFORMATION

Physician's Name: _____ Telephone: _____

Address: _____ Fax: _____

Hospital Affiliation: _____

How would you describe your current state of health? _____

Do you regularly see your doctor? ☐ Yes ☐ No If yes, when was your last visit? _____

Are you on any medications at the present time? ☐ Yes ☐ No **If yes, please provide a medication list with your application** *(Internal Use Only: ☐ Medication list included with application)*

Please list all of your medical insurance coverages, including supplemental and long-term care:

_____ Policy No: _____

_____ Policy No: _____

Please provide copies of your health insurance card with your application *(Internal Use Only: ☐ Copies of health insurance cards included with application)*

Is there any other information or diagnosis we should be aware of when reviewing your health and medical concerns? _____

VI. FEEDBACK

How did you hear about The Arbors? ☐ **Family or Friend:** *Name (optional)* _____

☐ **Internet Search:** *What word(s) did you use for your search?* _____

☐ **Drive by your location frequently**

☐ **Other:** *Please explain* _____

If you visited other Assisted Living Communities, what made you decide The Arbors was the best fit for you? _____

How has your experience been so far with The Arbors? _____

Is there anything we could do better to improve this process? _____

I understand and agree that this application is neither a contract, nor a reservation for residence. Nothing contained in these documents is legally binding on either myself or the community to which I am applying for residency, until a Residency Agreement has been approved and signed by all parties involved.

Applicant's Signature: _____ Date: _____

Completion of this section is voluntary

In order to help us carry out our responsibilities under applicable Fair Housing Laws, we ask that you identify yourself by one of the following designations (Please check one):

☐ White ☐ Black ☐ Asian ☐ American Indian ☐ Other

Have you designated someone with Financial Power of Attorney to manage your affairs? ☐ Yes ☐ No

If yes, please describe type of power given (i.e., financial, durable, medical, springing, general, limited, conservator, guardian) and list name, address, and phone number of person who holds such power. **Please furnish a complete copy of Power of Attorney, Guardianship and Healthcare Proxy.**

Type of Power of Attorney: _____

Held By (Name): _____ Relationship: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

I certify that the information I have given in this Financial Information form is true and correct. I understand that any false statements or misrepresentations or omissions may result in the cancellation of my application or nullification of my Residency Agreement. I authorize the Arbors to conduct a review of my financial status and obtain any information necessary to verify my ability to pay for my residency, including credit reports, etc. I further agree to give any other written comments required to confirm such information and to cooperate with The Arbors in providing information. I understand that it will be necessary to update this form if there are any material changes in my finances.

Applicant's Signature: _____ Date: _____

If this form is being completed by someone other than the applicant for residency, please print name of person completing information, relationship to applicant, and sign on the line below. Attach a copy of Power of Attorney or other documentation authorizing a person to act on the applicant's behalf.

Name: _____ Relationship: _____

Signature: _____ Date: _____