



THE *Ivy*™

Assisted Living Residential Communities

APPLICATION FOR RESIDENCE

I. GENERAL INFORMATION

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
 Other

Current or former occupation: _____

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: _____

Address: _____ Relationship: _____

Phone: _____ Email: _____

II. SECOND RESIDENT INFORMATION

List second resident who will live in the apartment.

Name: _____ Social Security #: _____ Male Female
 Other

Birthdate: ____/____/____ Relationship to Applicant in I, above: _____

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? _____

IVa. FINANCIAL

ASSETS (couples may complete *jointly* on one application)

Bank Account(s) \$ _____
Certificates of Deposit \$ _____
Stocks & Bonds, etc. \$ _____
Real Estate \$ _____
401 (k) / IRA \$ _____
Other Major Assets* \$ _____

TOTAL ASSETS \$ _____

**please describe on a separate page*

MONTHLY INCOME (couples shall complete *separately*)

Social Security Income \$ _____ per month
Employee Pension Income \$ _____ per month
401 (k) / IRA Distribution \$ _____ per month
Interest / Dividend Income \$ _____ per month

IV. 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? _____

V. FEEDBACK

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

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

In Neighborhood/Area

Other: *Please explain* _____

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

How has your experience with The Ivy so far? _____

What can we 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 Ivy 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 Ivy 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: _____