



**THE Arbors**  
*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 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: \_\_\_\_\_