

# Arbutus Park

RETIREMENT COMMUNITY

207 Ottawa Street - Johnstown, PA 15904  
814-266-8621

## Independent Living Resident Application

Application Date: \_\_\_\_\_

Do you know when you will be ready to move? (Does not need to be exact date – can be timeframe.)  
\_\_\_\_\_ (i.e. Spring 2020; within 6 months of application date; etc.)

### APPLICANT INFORMATION

Applicant #1

Applicant #2 if applicable

Name of Applicant:	_____	_____
Current Address:	_____	_____
Town, State, Zip:	_____	_____
Home Phone:	_____	_____
Cell Phone:	_____	_____
Email:	_____	_____
Date of Birth:	_____	_____
Social Security:	_____	_____
Birthplace:	_____	_____
Veteran?	_____	_____

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Real Estate Owned \_\_\_\_\_  
Type & Location \_\_\_\_\_  
Appraised Value \_\_\_\_\_

### ARBUTUS PARK – INDEPENDENT LIVING OPTIONS

*(Please check any that you are interested in)*

\_\_\_\_\_ Arbutus at Parker Ridge Phase II      \_\_\_\_\_ Single Cottage  
\_\_\_\_\_ Patio Home      \_\_\_\_\_ Townhouse

Please indicate which unit or lot you are reserving and/or moving into at this time:

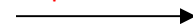
\_\_\_\_\_  
\_\_\_\_\_

### LEGAL REPRESENTATIVE

Durable Power of Attorney

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Please review and complete back of application



Financial Power of Attorney (if different from Durable Power of Attorney)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**LIVING WILL**

Do you have a living will? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name & Relationship

Address

Phone Number

_____	_____	_____
_____	_____	_____
_____	_____	_____

**FAMILY INFORMATION (please list all children or close relatives or friends)**

Name & Relationship

Address

Phone Number

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CHURCH AFFILIATION**

Church \_\_\_\_\_

Pastor \_\_\_\_\_

Phone \_\_\_\_\_

Current Insurance Provider: \_\_\_\_\_

Do you have a pet? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list breed and size \_\_\_\_\_

**\*Pet Requirement:** All pets must be leashed if outside and the yard must be kept clear of pet waste.

**I understand that Arbutus Park Retirement Community retains the right to accept or reject any application consistent with the law. I certify that all of the information submitted on this application is true and correct, and I understand the submission of false information may constitute grounds for rejection of this application or my discharge after admission.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Please return completed application to:**

Administrator Rick Wilson, Arbutus Park Retirement Community, 207 Ottawa St., Johnstown, PA 15904