



## **Confidential Independent Living Application**

The following confidential application is part of the application for residency at Arbutus Park Retirement Community. Please complete all sections by printing legibly or typing. This document is incorporated in and made a part of the Residential Agreement. The provider will rely on the Resident's statement made on this form. The resident warrants that all statements made herein are true and complete. A prospective resident may be asked to update this application closer to taking occupancy.

Date of Application \_\_\_\_\_

Name of first resident \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of second resident \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell number \_\_\_\_\_ Email \_\_\_\_\_

What County & State do you have legal residence? \_\_\_\_\_ Are you:  Married  Single  Separated  Divorced  Widowed

Are you a veteran or spouse of veteran:  Yes  No If so, which branch and years served \_\_\_\_\_

Do you smoke?  Yes  No We are a smoke free campus.

Will you bring a pet?  Yes  No If so, what kind of pet \_\_\_\_\_ Were you referred by a resident?  Yes  No By whom? \_\_\_\_\_

Name(s) of children/responsible party	Address	Telephone number:	Email:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Name(s) of POA, Guardian/Conservator \_\_\_\_\_ Address \_\_\_\_\_ Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Desired Cottage Type**

Type of cottage desired: Please list in order of preference. (*Patio Home, Single Cottage, Townhome, Parker Ridge*)

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

### **Required Insurance**

First Resident Name \_\_\_\_\_ Medicare Number \_\_\_\_\_

Supplemental Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Personal property/Liability/Tenant's/Homeowner's Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Second Resident Name \_\_\_\_\_ Medicare Number \_\_\_\_\_

Supplemental Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Personal property/Liability/Tenant's/Homeowner's Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_



# Financial Statement

**Resident 1:** \_\_\_\_\_

**Resident 2:** \_\_\_\_\_

(If co-residents with resources separate each resident should fill out their own Financial Statement)

APRC must be satisfied that your resources are sufficient to last your lifetime. It may be necessary to draw from your capital funds to pay increased monthly charges. This is important for your protection and for the protection of the community. This financial statement is a part of the Confidential Resident Application which is made a part of the Residential Agreement. You warrant that all statements herein are true and correct.

*\*Please attach documentation to support the information provided herein.*

**Please indicate with X if amount is Joint or is applicable to only Resident 1 or Resident 2.**

Assets/Investments	Amount	Joint	Res 1	Res 2		Monthly Income	Amount	Joint	Res 1	Res 2
Cash, Checking, Savings, CDs						➤ Interest from asset on left				
Stocks/Equities (non-IRA)						➤ Dividend from asset on left				
Bonds/Fixed Income (non-IRA)						➤ Distribution from asset on left				
IRAs						➤ Distribution from asset on left				
Real Estate (primary)						Pension *specify amt under Res 1 & 2				
Real Estate (other)						If Pension transfer to spouse, amount				
Life Insurance: Death benefit						Other (describe)				
Life Insurance: Cash Value										
Other (describe)						Other (describe)				
<b>Total Assets/Investments</b>						Social Security *specify amt under Res 1 & 2				

Other Funds	Amount	Joint	Res 1	Res 2		Monthly Distribution (if applicable)	Amount	Joint	Res 1	Res 2
Annuities						➤ Distribution from fund on left				
Trust Accounts						➤ Distribution from fund on left				
						<b>Total Monthly Distributions</b>				

Liabilities	Amount	Joint	Res 1	Res 2		Expenses	Amount	Joint	Res 1	Res 2
Mortgage						Long Term Care Insurance				
Line of Credit						Health Insurance				
Loans						Prescriptions				
Other (describe)						Other (describe)				
<b>Total Liabilities</b>						<b>Total Expenses</b>				
<b>Net Assets</b> (Total Assets less Liabilities)										



If this statement is made on behalf of two individuals occupying a cottage, will the pension income change if one individual predeceases the other?

Yes     No

Please list your Bank(s) name

Bank Location

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

\*If applicable, please provide the name of your Trust Officer. The Provider reserves the right to verify the provisions of your trust, which may affect your income or your ability to access capital funds.

Do you have long term care insurance?    Yes    No   If yes, what is the coverage? \_\_\_\_\_

*\*Please provide copy of the provisions of your policy.*

I have transferred property for less than fair market value in the last 5 years.    Yes    No

If yes, please explain. \_\_\_\_\_

APRC seeks to ensure the safety and welfare of all residents within our community. As part of the application process, APRC shall provide you with a “Criminal Background Check Authorization” form (“CBC Authorization”), which CBC Authorization you shall complete and submit along with this application for residency. The CBC Authorization form shall authorize APRC to request a Pennsylvania state criminal history record and, if applicable, a federal criminal history record on your behalf at the expense of APRC. (NOTE: If the applicant, after undergoing an initial criminal background check, is approved by APRC to and have no available cottages, then in that event, the applicant shall complete and submit to APRC an additional CBC Authorization form and undergo a subsequent criminal background check at such time that a cottage becomes available and the applicant indicates that he/she is ready to accept occupancy of the applicable accommodation.)

I hereby declare that all statements herein are true and complete according to my best knowledge and belief. Declare assets and income will be available for use for payments of fees associated with expense generated by living at APRC. In witness whereof I have hereunto set my hand to this application.

Attest: \_\_\_\_\_ Date: \_\_\_\_\_ Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Attest: \_\_\_\_\_ Date: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

