

Date Received _____

Number Assigned _____

Fee _____



APPLICATION FOR RESIDENCY

Name _____
Last First Middle Maiden

Street _____ City _____ State _____ Zip _____

County _____ Telephone _____

E-mail Address _____

Do you own or rent your home? _____

Birthplace _____ Date of Birth _____ Age _____

Social Security # _____ Medicare # _____

Male Female Are you a Veteran? _____

Single Widowed Married Spouse's Name _____

Education: Elementary High School College Other _____

Vocation(s) in which you have been engaged _____

List skills, interests and hobbies _____

Church Member: Yes No If yes, how many years at present church? _____

Name of Church _____

Church Address _____ City _____ State _____ Zip _____

Pastor's Name _____ Church Telephone _____

Have you ever lived in a retirement home? Yes No

If yes, reason for leaving: _____

To whom have you given Power-of-Attorney? _____

Do you have a Health Care Power-of-Attorney? _____

Do you have a Living Will? _____

List two people (not relatives or pastor) for personal references.

1. Name _____

Street _____ City _____ State _____ Zip _____

2. Name _____

Street _____ City _____ State _____ Zip _____

Family History

Father's Name _____
Last First Middle

Mother's Name _____
Last First Middle Maiden

List children and other close family members, who are living:

◆ Name _____ Relationship _____
Street _____ City _____ State _____ Zip _____
Home # _____ Cell # _____ Business # _____
E-mail Address _____

◆ Name _____ Relationship _____
Street _____ City _____ State _____ Zip _____
Home # _____ Cell # _____ Business # _____
E-mail Address _____

◆ Name _____ Relationship _____
Street _____ City _____ State _____ Zip _____
Home # _____ Cell # _____ Business # _____
E-mail Address _____

*If necessary, list other family members on separate sheet.

Type of accommodations desired:

Stockton Building:

- A (991 sq. ft)
- B (1160 sq ft)
- C-1 (1217 sq. ft.)
- C-2 (1397 sq. ft.)
- C-3 (1500 sq. ft.)
- D-1 (1592 sq. ft.)
- D-2 (1602 sq. ft.)
- D-3 (1728 sq. ft.)

Retirement Center:

- Studio
- One bedroom w/kitchenette
- One bedroom Corpening w/kitchen

Houses:

- 1 BR
- 2 BR:
- 1200-1399 sq. ft.
- 1400-1599 sq. ft.
- 1600-1799 sq. ft.
- 1800-1999 sq. ft.
- 2000-2199 sq. ft.
- 2200 + sq. ft.

Courtyard Homes:

- 1 BR
- 2 BR
- Advantage Program**
(Off Campus Residency)

Licensed Levels

- Asbury Place-Assisted Living
- Arborview-MemoryCare
- Fitzgerald-Skilled Nursing

APPLICANT FINANCIAL STATEMENT

Information provided is strictly confidential.
All assets listed are available to provide financial support for residency.

ASSETS:	<u>Market Value</u>	<u>Annual Income</u>
Stocks and Bonds	_____	_____
Mutual Funds	_____	_____
Certificates of Deposit	_____	_____
Cash (Checking, Savings, Money Market)	_____	_____
Trust	_____	_____
IRA	_____	_____
Real Estate- Home (market value less debt)	_____	_____
Address: _____		
Real Estate- Other (market value less debt)	_____	_____
Address: _____		
Other _____	_____	_____
Total Assets & Income from Assets	_____	_____

INCOME:	<u>Monthly Income</u>	<u>Annual Income</u>
Social Security (Male)	_____	_____
Social Security (Female)	_____	_____
Pension from _____	_____	_____
Pension from _____	_____	_____
Annuity with _____	_____	_____
Benefit Details: _____		
Will or Trust administered by _____	_____	_____
Rent from _____	_____	_____
Total Income	_____	_____

1. Does pension provide:
 - a. Surviving spouse benefit? _____ Percentage _____
 - b. Cost of living increases? _____

2. Health Insurance: _____

Company	Policy #	Cert.#	Type of Coverage
_____	_____	_____	_____
Company	Policy #	Cert.#	Type of Coverage
_____	_____	_____	_____

Do you have prescription coverage? _____ If yes, describe: _____

3. Medicare Coverage: Part A Part B

4. Long Term Care Insurance? _____

Benefit per day: _____ Max Length: _____ Waiting Period: _____

Total Benefit: _____

Benefit Available: _____

Simple Inflation _____% Compounded Inflation _____%

5. Life Insurance

Company: _____ Death Benefit: _____ Cash Value: _____

Company: _____ Death Benefit: _____ Cash Value: _____

6. Does anyone owe you any money? If yes, give details on amounts, terms, repayment schedule, interest rate, etc.

7. Do you owe any debts or have any judgments or claims pending against you? _____

If yes, please explain:

8. Have you sold or transferred any real estate in the past five years? _____

If yes, please explain:

9. If your assets and income are not expected to be sufficient to pay the Entrance Fee, Monthly or Daily Fee and personal expenses at Arbor Acres, indicate how you expect the difference between income and expenses to be met.

10. Other comments/remarks: _____

I understand that my name will be placed on a waiting list for the type of accommodation I have requested, provided my application is accepted by Arbor Acres. I understand this application is a preliminary step in the consideration of my acceptance as a resident and does not make a commitment on either my part or that of Arbor Acres.

I declare the answers to the foregoing questions to be true and I authorize Arbor Acres to verify with any person or agency listed.

Enclosed is my non-refundable application fee of \$100.00.

Signature _____ **Date** _____

Please return to:
Arbor Acres United Methodist Retirement Community, Inc.
1240 Arbor Road
Winston-Salem, NC 27104
(336) 724-7921