



# Confidential Application

Date \_\_\_/\_\_\_/\_\_\_ Floor Plan Preference \_\_\_\_\_

Applicant Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

Seasonal Address \_\_\_\_\_

email address \_\_\_\_\_

Single  Married  Widowed  Divorced  Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

	Applicant	Spouse
Date of Birth	_____	_____
Place of Birth	_____	_____
Social Security #	_____	_____
Health Insurance	_____	_____
Life Insurance	_____	_____

Pre-Retirement Occupation \_\_\_\_\_ Pre-Retirement Occupation \_\_\_\_\_

Please list assets on reverse	Monthly Income	
	Applicant	Spouse
Total \$ _____	Social Security \$ _____	
Liabilities \$ _____	* Pension \$ _____	
Net Worth \$ _____	Annuity \$ _____	
	Interest \$ _____	
	Dividends \$ _____	
	_____ \$ _____	
	Total Monthly \$ _____	

\* What percentage does spouse inherit \_\_\_\_\_

Adjusted Gross Annual Income for Tax Year 20 \_\_\_ \$ \_\_\_\_\_

Bank Name \_\_\_\_\_  
Applicant Spouse

Chronic Illness \_\_\_\_\_

Disability \_\_\_\_\_

Sight \_\_\_\_\_

Hearing \_\_\_\_\_

I/WE ACKNOWLEDGE THAT APPROVAL FOR RESIDENCY IS MADE IN RELIANCE ON THE FINANCIAL INFORMATION I/WE HAVE GIVEN AND IF I/WE BECOME UNABLE TO PAY MONTHLY SERVICE FEES AND OTHER LIVING EXPENSES BECAUSE OF GIFTS TO RELATIVES OR OTHER VOLUNTARY TRANSFERS OF MY/OUR ASSETS, THAT MY/OUR RESIDENCY IS SUBJECT TO TERMINATION.

APPLICATION TO BE REVIEWED PRIOR TO RESIDENCY.

IN WITNESS WHEREOF THE PARTIES HAVE SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
WITNESS AND AGENT

\_\_\_\_\_  
APPROVED BY DATE

**Fair market value — Assets — Owned by:**

	Applicant	Spouse	Jointly Held
Real Estate (see note)	\$		
Savings & CD's	\$		
Other Investments	\$		
Other Assets Held			
Life Insurance Value	\$		
Total	\$		

Note: Describe Real Estate. Show only that to which clear title is held.

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**Children (or nearest relatives)**

Name	Address	Telephone
1.		
2.		
3.		
Doctor		