



**GARDEN SPOT  
VILLAGE**



A GARDEN SPOT COMMUNITY

# FUTURE RESIDENT APPLICATION

ENTRANCE DECISIONS ARE MADE WITHOUT REGARD TO RACE,  
SEX, COLOR, NATIONAL ORIGIN, ANCESTRY, RELIGION, CREED,  
HANDICAP OR DISABILITY.

Please complete this Pre-Entrance Application and return it with the non-refundable application fee:  
**\$100-single OR \$150-couple**, payable to Garden Spot Village.

## APPLICANT 1

### PERSONAL INFORMATION

Full Legal Name \_\_\_\_\_ What name do you go by? \_\_\_\_\_

Gender:  M  F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Social Security # \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email \_\_\_\_\_

Marital Status:  Married Anniversary Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Widower  Divorced  Single

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you lived at this address for 2 years or more?  No  Yes

If no, previous address \_\_\_\_\_

### TELL US ABOUT YOURSELF (optional)

Your Professions, trades or occupations: \_\_\_\_\_

Your Employer(s): \_\_\_\_\_

Where did you first hear about Garden Spot Village? \_\_\_\_\_

Do you plan to bring a pet? Type? Age? \_\_\_\_\_

Church Affiliation, Clubs, or Organizations you're involved with \_\_\_\_\_

List family or friends that live at Garden Spot Village \_\_\_\_\_

What do you like best about Garden Spot Village? \_\_\_\_\_

Hobbies/activities you hope to pursue at Garden Spot Village? \_\_\_\_\_

Is there anything else you would like us to know? \_\_\_\_\_

Do you smoke?  No  Yes **PLEASE NOTE:** Garden Spot Village is a Non-Smoking Campus

## APPLICANT 2

### PERSONAL INFORMATION

Full Legal Name \_\_\_\_\_ What name do you go by? \_\_\_\_\_

Gender:  M  F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Social Security # \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email \_\_\_\_\_

Marital Status:  Married Anniversary Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Widower  Divorced  Single

SAME ADDRESS AT APPLICANT 1

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you lived at this address for 2 years or more?  No  Yes

If no, previous address \_\_\_\_\_

### TELL US ABOUT YOURSELF (optional)

Your Professions, trades or occupations: \_\_\_\_\_

Your Employer(s): \_\_\_\_\_

Where did you first hear about Garden Spot Village? \_\_\_\_\_

Do you plan to bring a pet? Type? Age? \_\_\_\_\_

Church Affiliation, Clubs, or Organizations you're involved with \_\_\_\_\_

List family or friends that live at Garden Spot Village \_\_\_\_\_

What do you like best about Garden Spot Village? \_\_\_\_\_

Hobbies/activities you hope to pursue at Garden Spot Village? \_\_\_\_\_

Is there anything else you would like us to know? \_\_\_\_\_

Do you smoke?  No  Yes **PLEASE NOTE:** Garden Spot Village is a Non-Smoking Campus

## ALTERNATE CONTACTS

### CHILDREN, NEAR RELATIVES OR OTHER PERSONS

**A** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Power of Attorney Type:  Healthcare  Financial  Neither

**B** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Power of Attorney Type:  Healthcare  Financial  Neither

**C** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Power of Attorney Type:  Healthcare  Financial  Neither

**D** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Power of Attorney Type:  Healthcare  Financial  Neither

## DESIRED ACCOMMODATIONS

### GARDEN SPOT VILLAGE INDEPENDENT LIVING HOUSING PREFERENCES

Please mark the type of home(s) in which you are interested. You may select as many as you want. If you have multiple types checked, it can be helpful to us if you note the order of your preferences (i.e. #1, #2, #3).

#### Sycamore Springs

- The Linden  
 The Jackson  
 The Kraybill  
 The Weaver  
 The Kinzer

#### Carriage Homes

- Standard Center  
 Standard End  
 Deluxe Center  
 Deluxe End w/Loft

#### Cottages

- Standard Center  
 Standard End  
 Deluxe Center  
 Deluxe End

#### Village Square Apartments

- Wingate  
 Hamlin I  
 Hamlin II  
 Halstead I  
 Halstead II  
 Ardley I  
 Ardley II  
 Atworth I  
 Atworth II  
 Ellsworth I  
 Ellsworth II

#### Garden Apartments

- Studio  
 1 Bedroom  
 1 Bedroom w/Den  
 2 Bedroom  
 2 Bedroom Deluxe  
 2 Bedroom Deluxe Suite

### WISH TO MOVE TO GARDEN SPOT VILLAGE?

- As soon as possible  
  Less than 3 years  
  More than 3 years

## CURRENT FINANCIAL OVERVIEW

The information provided below helps both you and Garden Spot Village understand how your current resources match up with living at Garden Spot Village. **Garden Spot Village expects full disclosure of financial resources.** An update and re-evaluation with verification of resources may be necessary at the time of move-in.

ASSETS	JOINT	Applicant 1	Applicant 2	TOTAL
<b>Real Estate Value</b> (primary residence) Address: _____	\$	\$	\$	\$
<b>Real Estate Value</b> (investment/retail) Address: _____	\$	\$	\$	\$
<b>Mutual Funds</b>	\$	\$	\$	\$
<b>Money Market</b>	\$	\$	\$	\$
<b>410(K)</b>	\$	\$	\$	\$
<b>IRA</b>	\$	\$	\$	\$
<b>CDs</b>	\$	\$	\$	\$
<b>Stocks</b>	\$	\$	\$	\$
<b>Savings Account</b>	\$	\$	\$	\$
<b>Checking Account</b>	\$	\$	\$	\$
<b>Trust Account Value</b>	\$	\$	\$	\$
Is this irrevocable?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Is this available for your care?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Other Assets</b> Please describe: _____	\$	\$	\$	\$
<b>TOTAL ASSETS</b>				

LIABILITIES	JOINT	Applicant 1	Applicant 2	TOTAL
<b>Mortgage</b>	\$	\$	\$	\$
<b>Reverse Mortgage</b>	\$	\$	\$	\$
<b>Credit Card(s)</b>	\$	\$	\$	\$
<b>Personal Loans</b>	\$	\$	\$	\$
<b>Other Liabilities</b> Please describe: _____	\$	\$	\$	\$
<b>TOTAL LIABILITIES</b>	\$	\$	\$	\$

MONTHLY INCOME	JOINT	Applicant 1	Applicant 2	TOTAL
Social Security		\$	\$	\$
Pension(s) from Employer		\$	\$	\$
Amount of Pension to Surviving Spouse		\$	\$	\$
IRA/401(k) Distribution	\$	\$	\$	\$
Regular Annuity Payments	\$	\$	\$	\$
Other Monthly Income Please describe: _____	\$	\$	\$	\$
Other Monthly Income Please describe: _____	\$	\$	\$	\$
<b>TOTAL MONTHLY INCOME</b>	\$	\$	\$	\$

LONG TERM CARE INSURANCE	EXAMPLE	Applicant 1	Applicant 2
<b>Benefit Period</b> (Indicate number of years or record "L" for lifetime)	4 years		
<b>Daily benefit for Personal Care</b> In current dollars	\$70	\$	\$
<b>Daily benefit for At Home Care</b> In current dollars	\$60	\$	\$
<b>Daily benefit for Skilled Nursing Care</b> In current dollars	\$120	\$	\$
<b>Does the policy include a benefit inflation adjustment rider?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
If so, indicate the inflation amount	3.0%	%	%

Are you or have you been involved in any litigation within the last 5 years?  No  Yes

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

To ensure that Garden Spot Village remains a safe, socially engaged and healthy community, applicants are required to authorize a credit and criminal background check. A copy of our policy regarding these checks is available at your request. By submitting this application to Garden Spot Village you are acknowledging that our policy has been made available to you, and granting permission to Garden Spot Village to initiate a credit and criminal background check.

This application does not obligate Garden Spot Village or the applicant in any manner. By signing the application I warrant the statements, answers, representations and descriptions to be accurate, inclusive of all financial resources and verifiable. The preceding information is requested by Garden Spot Village and provided by the undersigned with the understanding that the information is confidential for use exclusively by Garden Spot Village.

**APPLICANT 1** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT 2** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

