



**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
Real Estate Value (primary residence) Address: _____	\$	\$	\$	\$
Real Estate Value (investment/retail) Address: _____	\$	\$	\$	\$
Mutual Funds	\$	\$	\$	\$
Money Market	\$	\$	\$	\$
401(K)	\$	\$	\$	\$
IRA	\$	\$	\$	\$
CDs	\$	\$	\$	\$
Stocks	\$	\$	\$	\$
Savings Account	\$	\$	\$	\$
Checking Account	\$	\$	\$	\$
Trust Account Value	\$	\$	\$	\$
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	
Other Assets Please describe: _____	\$	\$	\$	\$
TOTAL ASSETS				

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

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: _____	\$	\$	\$	\$
TOTAL MONTHLY INCOME	\$	\$	\$	\$

LONG TERM CARE INSURANCE	EXAMPLE	Applicant 1	Applicant 2
Benefit Period (Indicate number of years or record "L" for lifetime)	4 years		
Daily benefit for Personal Care In current dollars	\$70	\$	\$
Daily benefit for At Home Care In current dollars	\$60	\$	\$
Daily benefit for Skilled Nursing Care In current dollars	\$120	\$	\$
Does the policy include a benefit inflation adjustment rider?	<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 hereby grant permission to Garden Spot Village to initiate a credit and criminal background check for each applicant signing below.

You acknowledge that this Pre-Entrance Application, including the financial disclosure portions thereof, have been submitted for the purpose of obtaining admission to Garden Spot Village. You represent that the assets and sources of income listed are and will remain available to pay for all services and facilities to be provided to you by Garden Spot Village per the terms of its Resident Agreement. If you are admitted as a resident at Garden Spot Village, you hereby acknowledge that per the terms of the Resident Agreement, you will be required to (i) preserve sufficient assets and income to satisfy all obligations to Garden Spot Village under the Resident Agreement and (ii) commit not to give, transfer or assign assets or income during your residency at Garden Spot Village to any person, trust or organization unless you have retained sufficient assets and income to satisfy all obligations to Garden Spot Village for the duration of your residency at Garden Spot Village, all as set forth more fully in the Resident Agreement.

You certify that the information set forth in this Pre-Entrance Application is true and complete and accurately reflects your assets, liabilities and income as of the date set forth below. Garden Spot Village is hereby authorized to research any information set forth in this Pre-Entrance Application for verification and to request additional documentation to confirm the accuracy of the information disclosed. You acknowledge that any material misrepresentation or non-disclosure of assets and liabilities may affect the admission decision or ongoing residency at Garden Spot Village. Finally, you acknowledge that if admitted, Garden Spot Village, per the terms of the Resident Agreement, may request ongoing proof of financial status from all residents to assure compliance with the terms of the Resident Agreement.

This Pre-Entrance Application does not obligate Garden Spot Village to admit you, nor does this Pre-Entrance Application obligate you come to Garden Spot Village. By signing this Pre-Entrance Application, you warrant that the statements, answers, representations and descriptions set forth herein are accurate, inclusive of all financial resources and verifiable. The preceding information is requested by Garden Spot Village and provided by you with the understanding that the information is confidential for use exclusively by Garden Spot Village, and will be relied upon by Garden Spot Village, in making its admission decision.

APPLICANT 1 Signature: _____ Date: _____

APPLICANT 2 Signature: _____ Date: _____

