



**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? \_\_\_\_\_

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

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

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? \_\_\_\_\_

What gifts, talents, or capacities do you possess and how might these gifts create new possibilities for both yourself and others if fully expressed here? \_\_\_\_\_  
\_\_\_\_\_

What support do you need from the community to share these talents? \_\_\_\_\_  
\_\_\_\_\_

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

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

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

## WHEN DO YOU WANT TO MOVE TO GARDEN SPOT VILLAGE...

As soon as possible  Less than 3 years  More than 3 years  Excited about the next expansion

# CURRENT FINANCIAL OVERVIEW

Garden Spot Village requires full disclosure of financial resources to assess your eligibility. Updates and re-evaluations with verification may be needed at move-in.

**Required documentation:** Long-term care insurance policies, trusts, personal loans, and accounts with balances over \$1 million. Additional documentation may be requested during the financial review process.

All disclosed assets, incomes, or Long Term Care insurance coverage must remain available for future services. Significant changes must be reviewed and approved again.

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>401(K)</b>	\$	\$	\$	\$
<b>IRA</b>	\$	\$	\$	\$
<b>CDs</b>	\$	\$	\$	\$
<b>Stocks</b>	\$	\$	\$	\$
<b>Checking &amp; Savings Accounts</b>	\$	\$	\$	\$
<b>Annuity</b>	\$	\$	\$	\$
<b>Trust Account Value**</b> see above note	\$	\$	\$	\$
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> (If you pay off monthly put \$0)	\$	\$	\$	\$
<b>Personal Loans**</b> see above note	\$	\$	\$	\$
<b>Other Liabilities</b> Please describe: _____	\$	\$	\$	\$
<b>TOTAL LIABILITIES</b>	\$	\$	\$	\$

MONTHLY INCOME	JOINT	Applicant 1	Applicant 2	TOTAL
<b>Social Security</b> Projected if not currently receiving		\$	\$	\$
<b>Pension(s) from Employer</b>		\$	\$	\$
<b>Amount of Pension to Surviving Spouse</b>		\$	\$	\$
<b>IRA/401(k) Distribution</b>	\$	\$	\$	\$
<b>Regular Annuity Payments</b>	\$	\$	\$	\$
<b>Other Monthly Income</b> Please describe: _____	\$	\$	\$	\$
<b>Other Monthly Income</b> 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%	%	%

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: \_\_\_\_\_

