

RESIDENT APPLICATION FORM



PORTER HILLS

What is your time frame to move:

- Immediate** (Active Status on the Priority List - Ready to move)
 Future (Inactive Status on the Priority List - Not ready to move)

Projected move date: _____

<u>Cook Valley Estates</u>	<u>Porter Hills Village</u>	<u>Meadowlark</u>	
<input type="checkbox"/> Apartment	<input type="checkbox"/> Garden Apartment	<input type="checkbox"/> Village Center	<input type="checkbox"/> Residential (Village)
<input type="checkbox"/> Home	<input type="checkbox"/> Town Home	<input type="checkbox"/> Catered Living	<input type="checkbox"/> Catered (Assisted Living)
<input type="checkbox"/> Town Home		<input type="checkbox"/> Harmony Hall	

APPLICANT #1 _____ Male _____ Female

Name (First/Middle/Last): _____ Date of Birth: _____

Address: _____

City: _____ State/Zip: _____

Phone: _____ Email: _____

Mobile Phone: _____

Are you capable of living without assistance from anyone else? Yes No

If no, please explain the type of assistance you need:

APPLICANT #2 _____ Male _____ Female

Name (First/Middle/Last): _____ Date of Birth: _____

Address: _____

City: _____ State/Zip: _____

Phone: _____ Email: _____

Mobile Phone: _____

Are you capable of living without assistance from anyone else? Yes No

If no, please explain the type of assistance you need:

CONTACT PERSON

Name: _____ Relation to applicant: _____

Address: _____

City: _____ State/Zip: _____

Phone: _____ Email: _____

Power of Attorney: _____ Phone: _____

Date Application Received: _____

ASSETS			LIABILITIES		
1. Residence	\$		13. Mortgage	\$	
2. Stocks	\$		14. Other Debts	\$	
3. Bonds	\$				
4. Mutual Funds	\$		EXPENSES (AFTER MOVING TO PORTER HILLS)		
5. CD's	\$		15. Taxes (property or income)	\$	
6. Savings	\$		16. Auto (ins. And pmt)	\$	
7. Other	\$		17. Medical (ins. And costs)	\$	
			18. Home Care	\$	
			19. Charitable contributions	\$	
			20. Entertainment/groceries	\$	
INCOME (Monthly)			21. Clothing/personal items	\$	
	Applicant 1	Applicant 2	22. Life Insurance	\$	
9. Social Security	\$	\$	23. Other	\$	
10. Pension	\$	\$	TOTAL MONTHLY EXPENSES		
11. Annuities	\$	\$		\$	
12. Other	\$	\$	LONG TERM CARE INSURANCE		
<i>In event of Death, what does remaining spouse</i>			Covered? Yes or no		
<i>continue to receive?</i>			Monthly Premium	\$	\$
9a. Social Security	\$	\$	Rate %	\$	\$
10a. Pension	\$	\$	Benefit Period (in years)	\$	\$
11a. Annuities	\$	\$	Elimination Period (days)		
12a. Other	\$	\$	Assisted Living (per diem)	\$	\$
<i>ex. If Applicant 1 were to pass, Applicant 2</i>			LTC (per diem)		
<i>receives higher of Social Security most often</i>			Maximum Benefit		

Please provide the following documents as proof of financial information provided: (If Applicable)

- Resident: Current Property Tax Statement
- Savings & Investments: Savings/Checking Statement verifying information
- Monthly Income: Monthly Check Stubs or Deposit Statement
- Notes & Loan Payable: Loan Statement/Agreement for Notes Payable
- Life Insurance: Schedule of Benefits
- Long Term Care: Schedule of Benefits

OTHER

How did you originally hear about us? _____

Why did you select this Porter Hills Community? _____

Do you know someone who lives in a Porter Hills Community? ___Yes___No
If yes, who?

Representations:

I understand that Porter Hills Retirement Communities & Services is relying on the information provided in this personal financial statement (including the designation of my property as separate or community property) in deciding to accept me/us for residence. This is a true and correct statement of my financial condition as of the date of valuation until I otherwise notify Porter Hills Retirement Communities & Services in writing. If this is a joint financial agreement, these representations are from each of us.

I have read, understand and agree to the forgoing representations. I permit Porter Hills Retirement Communities & Services to verify any and all financial information provided in this document for the purpose of determining my/our financial ability to fulfill my/our care and residence agreement.

Signature (Resident #1) _____ Date: _____

Signature (Resident #2) _____ Date: _____

Power of Attorney (if applicable) _____ Date: _____



New Residence Information and Notes on Application:

