



APPLICATION FOR RESIDENTIAL LIVING

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: \$150 payable to Frederick Living.

PERSONAL INFORMATION

APPLICANT 1

Full Legal Name _____ What name do you go by? _____

Gender: M F Date of Birth ____/____/____ Age ____ Social Security # _____

Cell Phone: _____ Home Phone: _____

Email _____

Marital Status: Married Widower Divorced Single

Address _____ County _____

City _____ State _____ Zip _____

Current Living Arrangements _____

Religious Affiliation _____ Church Affiliation _____

Church Address _____ Phone _____

City _____ State _____ Zip _____

Have applications been made to other retirement communities? No Yes

How did you hear about Frederick Living? _____

APPLICANT 2

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 Widower Divorced Single

PERSONAL HISTORY

APPLICANT 1

What was your profession, trade, or occupation prior to retirement? _____

What Company did you retire from? _____

Are you still employed? No Yes If yes, where? _____

Have you ever served in the military? No Yes

If yes, which Branch? _____ Rank _____

Date left service or retired ____/____/____

Highest Level of Education _____

What, if any, professional, social, or fraternal organizations are you or were you involved in? _____

What, if any, civil or community service organizations have you been involved in? _____

Please List your Hobbies and Interests _____

Do you have any family or friends that work at Frederick Living? Please list _____

What are your expectations of a retirement community? _____

What would you hope to contribute to Frederick Living? _____

Would you be bringing a pet with you? No Yes If yes, what kind? _____ How old is your pet? _____

Have you ever been a resident in any retirement community, mental health, or extended care community?

No Yes If yes, where? _____

Are you a US Citizen? No Yes Have you lived in Pennsylvania for the last 12 months? No Yes

Is there anything else that you would like to share? _____

Insurance Information - Specify which types of insurance are currently held (Attach copies of medical cards)

Medicare? No Yes ID Number _____

Hospitalization? No Yes Medical? No Yes

Co-Insurance? No Yes Name of Company _____

Secondary? No Yes Name of Company _____

Other Health and/or Co-insurance coverage? No Yes Name of Company _____

Prescription Insurance? No Yes

Medical Assistance? No Yes

Medical Assistance # _____ County _____ Expiration Date ____/____/____

Personal Physician's Name _____ Phone _____

Hospital Preference _____

Funeral Director of Choice _____

Prepaid Burial Reserve? No Yes

If yes, name of Financial Institution where held _____

Dollar Amount Reserved _____

Is this Agreement Irrevocable? No Yes

Do you smoke? No Yes PLEASE NOTE: Frederick Living is a Non-Smoking Campus

APPLICANT 2

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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

FINANCIAL STATEMENT

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

Please provide copies/documentation for the following information:

ASSETS	JOINT	Applicant 1	Applicant 2
Primary Residence Current Market Value			
Mortgage Balance			
Home Equity Lines of Credit			
Name under which residence is deeded			
Other Real Estate Current Market Value-Loans			
Savings Account Balance			
Checking Account Balance			
Money Market Account Balance			
Certificate of Deposit Value			
Stock Values			
Mutual Funds			
Bonds/Bond Values			
IRA/401(k) Values			
Distribution Amount			
Annuity Value			
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
Life Insurance Cash Surrender Value			
Burial Reserve			
Other Assets Please describe: _____			
Other Assets Please describe: _____			
Other Assets Please describe: _____			
TOTAL ASSETS			

Have you transferred or divested any assets not listed above with a value exceeding \$10,000? No Yes

If yes, please list details _____

MONTHLY INCOME	JOINT	Applicant 1	Applicant 2	TOTAL
Social Security		\$	\$	\$
Pension		\$	\$	\$
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	\$	\$	\$	\$

Please provide copies/documentation for the following information:

ANNUAL EXPENSES	Joint	Applicant 1	Applicant 2
Insurance Premiums			
Auto			
Health			
Life			
Long-Term Care			
Medicare Part D			
Prescriptions			
Car Payment			
Travel			
Entertainment			
Gifts			
Other Expenses Please describe: _____			
Other Expenses Please describe: _____			

Do you have Long-Term Care Insurance? No Yes (If yes, please provide a copy of the policy.)

Any other outstanding debt? (Credit Cards, loans, etc.) _____

Do you have a professional advisor? No Yes Name _____ Phone _____

Do you have a Durable Power of Attorney No Yes

Name _____ Relationship _____

Address _____ County _____

City _____ State _____ Zip _____

Cell Phone: _____ Home Phone: _____

Email _____

Emergency Contact Name _____ Relationship _____

DESIRED ACCOMMODATIONS

FREDERICK 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).

Residential Living Villas

_____ Villa

The Meadows Cottages

_____ Lavender

_____ Aster

_____ Sunflower

_____ Coneflower

Dogwood & Maplewood Cottages

_____ 3 Bedroom, 2 Bath Cottage with Garage

_____ 2 Bedroom, 2 Bath Deluxe Cottage with Garage

_____ 2 Bedroom, 2 Bath Cottage with Garage

_____ 2 Bedroom, 2 Bath Cottage

_____ 2 Bedroom, 1.5 Bath Cottage with Garage

_____ 2 Bedroom, 1.5 Bath Cottage

_____ 1 Bedroom Cottage

Residential Living - Patio Home

_____ 1 Bedroom with Den, 2 Bath

_____ 1 Bedroom with Den, 1.5 Bath

Residential Living - Apartments

_____ 2 Bedroom, 2 Bath Deluxe

_____ 2 Bedroom, 2 Bath

_____ 2 Bedroom, 1 Bath

_____ 1 Bedroom

_____ Studio Deluxe

_____ Studio

Personal Care - Magnolia House

_____ 1 Bedroom Deluxe

_____ 1 Bedroom

_____ 1 Studio

Personal Care - Aspen Village

Memory Support

_____ Studio

_____ Semi-Private

Healthcare - Cedarwood

_____ Shared Private

WISH TO MOVE TO FREDERICK LIVING?

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

ESSENTIAL REQUIREMENTS OF TENANCY

- Timely payment of all facility fees; Abiding by all terms of the Resident Agreement;
- Keeping the living unit in a clean, safe and sanitary condition; including, but not limited to, hoarding (inability to throw anything away), gross disorganization, and not disposing of trash properly and efficiently;
- Complying with the reasonable rules of the Community;
- Not engaging in unlawful activity;
- Ensuring that the peace and tranquility of other residents is not unduly disturbed, including keeping noise to an acceptable level in residential settings;
- Keeping the living unit and common areas free from damage;
- Not posing a direct threat to the health or safety of self or other residents. This would include, but is not limited to, ability to evacuate the building safely during an emergency, taking medication as prescribed by the physician, proper nutrition to avoid malnourishment, and taking precautions to prevent reoccurring incidents of falling.

FOR FREDERICK LIVING ADMIN USE ONLY

Applicant #1 _____

Applicant #2 _____

Date application received by Marketing Department ____/____/____

Date reviewed by VP of Finance ____/____/____

Approved _____ Not Approved _____

Approved For _____

Signature of Approval ~~X~~ _____

Reason Not Approved _____

Date call placed to applicant ____/____/____

Date placed on Waiting List ____/____/____

Date Letter of Acceptance Sent ____/____/____

Payment Received _____

Notes _____
