The Long Community
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Future Resident Club Application

_____ _____/_____/_____
Applicant Full Name Birthdate

_____ _____/_____/_____
Co-Applicant Full Name Co-Applicant Birthdate

Marital Status: ❑ Married ❑ Single ❑ Divorced ❑ Divorce/Separation in Process

_____
Present Address

_____
City State Zip

_____ _____
Phone Number Email

_____ _____
Co-Applicant Phone Number Co-Applicant Email

_____/_____
Expected Date of Entrance (Month/Year)

Net Monthly Income – Please indicate your monthly income available to pay for your living expenses.

	Applicant	Co-Applicant
Social Security per month	_____	_____
Pension per month	_____	_____
Annunity per month	_____	_____
Interest, Dividends, RMDs	_____	_____
Other (Describe)	_____	_____
Total Monthly Income	_____	_____
*Survivor Benefits	_____%	_____%

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Assets – Please list all assets that are available to pay for your living expenses.

Are assets jointly owned with Co-Applicant? ❑ Yes ❑ No
Are assets jointly owned with someone other than the co-applicant? ❑ Yes ❑ No

If yes, who is the joint owner? _____ Relationship: _____

	Applicant	Co-Applicant	Joint Y/N
Real Estate			
Checking Balance			
Savings Balance			
Certificates of Deposit			
Bonds/Bond Funds			
Stocks/Equity Funds			
Assets held in Trust			**(please describe)**
Cash-out Value of Life Insurance Policy			
IRA/401K			
Roth IRA			
Other (Describe)			
Other (Describe)			
Death Benefit of Life Insurance Policy (Couples only)			
Total Assets			

Do you own assets that are not listed in the asset section of this application? ❑ Yes ❑ No

If yes, what are they?

_____

_____

During the past five years, have you transferred assets greater than $5,000 in total to others without receiving fair market value in return?

Applicant: ❑ Yes ❑ No Co-Applicant: ❑ Yes ❑ No

If yes, what was the approximate value of property transferred and the approximate date of transfer?

Date of Transfer _____ Value of Assets Transferred _____

Date of Transfer _____ Value of Assets Transferred _____

Outstanding Debt – Please list all outstanding debt and recurring expenses.

	Applicant	Co-Applicant	Joint Y/N
Mortgage			
Reverse Mortgage			
Home Equity Loan			
Credit Cards (if not paid off monthly)			
Automobile Loan			
Rent, Lease, Condo Fees			
Other (Describe)			
Other (Describe)			
Total Outstanding Debt			

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	Applicant	Co-Applicant
Long-term Care Insurance:	❑ Yes ❑ No	❑ Yes ❑ No
If yes,		
Term of policy in years	_____	_____
Elimination Period	_____	_____
Daily Benefit - Skilled Nursing	_____	_____
Daily Benefit - Personal Care	_____	_____
Inflation Rate (%)	_____	_____
Annual Premiums	$_____	$_____

Other Information	Is the Applicant:	Is the Co-Applicant:
A Veteran?	❑ Yes ❑ No	❑ Yes ❑ No
A Spouse of a Veteran?	❑ Yes ❑ No	❑ Yes ❑ No
A Widow/Widower of Veteran?	❑ Yes ❑ No	❑ Yes ❑ No

If yes, which branch and years served? _____

Do you have special housing needs that require reasonable accommodations? If yes, please describe:

_____

_____

Types of Accommodations Preferred: (in order of preference)

1) _____ 2)_____

3) _____ 4)_____

(use additional blank paper or back of this form if there are more than 4 selections)

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❑ I am enclosing my check for $100, a **non-refundable** application processing fee as well as a second check for $1,000, a **fully-refundable** Future Resident Club deposit to be placed on the waiting list for accommodations. I further understand that this deposit does not guarantee admission. Admission is guaranteed once a financial application for Independent Living, with supporting documentation is completed and approved by Presbyterian Senior Living at the time of home selection and upon receipt of 10% deposit toward said available residence.

Please make all checks payable to The Long Community.

_____ _____

Signature Date

_____ _____

Signature of Co-Applicant Date