



PRESBYTERIAN
SENIOR LIVING
The Long Community

Future Resident Club Application

Date

Birthdate

Name

(First)

(MI)

(Last)

Marital Status _____

Co-Applicant name

Co-Applicant birthdate

Present address

City

State

Zip

Telephone

Email

Expected date of entrance

Monthly Income – Please indicate your monthly income excluding interest and dividends available to pay for your living expenses.

Applicant

Co-Applicant

Social Security per month

Pension per month

Annuity per month

Other (Describe)

Total Monthly Income

***Survivor Benefits:**

_____ %

_____ %

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 (Incl. Assets Jointly Owned with Co-Applicant)	Co-Applicant
Checking Balance _____	_____
Savings Balance _____	_____
Investments _____	_____
Investments _____	_____
Assets held in Trust _____	_____
Certificates of Deposit _____	_____
Real Estate _____	_____
Cash Value of Life Insurance Policy _____	_____
Other (Describe) _____	_____
Other (Describe) _____	_____
Total Assets _____	_____

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** _____

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

If yes, what are they and why are they not listed above?

Outstanding Debt

	Applicant (Incl. Joint Debt)	Co-Applicant
Mortgage	<hr/>	<hr/>
Reverse Mortgage	<hr/>	<hr/>
Home Equity Loan	<hr/>	<hr/>
Credit Cards	<hr/>	<hr/>
Automobile Loan	<hr/>	<hr/>
Other (Describe)	<hr/>	<hr/>
Other (Describe)	<hr/>	<hr/>
Total Outstanding Debt	<hr/>	<hr/>

Long Term Care Insurance: Yes ☐ No ☐ Yes ☐ No ☐

If yes,

Term of policy in years	<hr/>	<hr/>
Daily benefit – Skilled Nursing	<hr/>	<hr/>
Daily benefit – Personal Care	<hr/>	<hr/>
Premiums	\$ <hr/>	\$ <hr/>

Other Information -

	Is the Applicant:	Is the Co-Applicant:
A Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
A Spouse of a Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
A Widow/widower of Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of Accommodation 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)

☐ **I am enclosing my check for the \$100 non-refundable application fee. I am also enclosing a separate check in the amount of \$1,000 for the Future Resident Club deposit to be placed on the waiting list for accommodations. Both made out to The Long Community. I understand that this is fully-refundable while I am a member of the Future Resident Club. I further understand that this deposit does not guarantee admission to The Long Community. Admission is guaranteed once an Income Asset Form For Independent Living, with supporting documentation is completed and approved by Presbyterian Senior Living at the time of apartment selection. I further understand that once the Income & Asset Form for Independent Living is returned, my deposit becomes non-refundable.**

Signature

Date

Signature of co-resident

Date