



Future Resident Club Application

Date	Birthdate
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Name	(First)	(MI)	(Last)
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Marital Status_____

Co-Applicant name	Co-Applicant birthdate
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Present address

City	State	Zip
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Telephone	Email	Expected date of entrance
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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 \$250 for the first person and \$150 for the second person in the same household, *non-refundable* application processing fee as well as a check for \$2,500 per person Future Resident Club *fully-refundable* deposit to be placed on the waiting list for accommodations. I further understand that this deposit does not guarantee admission to _____ . 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 home selection and upon receipt of 10% deposit toward said available residence.**

Signature

Date

Signature of co-resident

Date