

Confidential

APPLICATION FOR RESIDENCE

Applewood

Loomis Village

Loomis Lakeside at Reeds Landing

Independent Living

Assisted Living



GENERAL INFORMATION

First Person _____
Last First Middle

Second Person _____
Last First Middle

Second Person Relationship _____

Address _____

Telephone Number _____

First Person • Date of Birth _____

• Social Security No. _____

• Medicare No. _____

• Medex No. _____

• Long Term Care Insurance _____

• Other Insurance _____

• Cell Phone Number _____

• E-Mail Address _____

• Marital Status: Married Single Widowed Divorced

Second Person • Date of Birth _____

• Social Security No. _____

• Medicare No. _____

• Medex No. _____

• Long Term Care Insurance _____

• Other Insurance _____

• Cell Phone Number _____

• E-Mail Address _____

• Marital Status: Married Single Widowed Divorced

NAME	BENEFICIARY	PAID UP AMOUNT	FACE VALUE AMOUNT	ANNUAL PREMIUM AMOUNT

I hereby swear or affirm that the following list contains all the assets I now own and/or over which I maintain control.

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

Who will be responsible for payment of your bills? Self Other Person

If "Other Person":

Name _____

Last

First

Middle

Address _____

Telephone Number _____ Cell Number _____

E-Mail Address _____

Have you authorized someone as your power of attorney or guardian? Yes No

If "Yes":

Name _____

Last

First

Middle

Address _____

Telephone Number _____ Cell Number _____

E-Mail Address _____

ASSETS		AMOUNT
Checking Accounts		
Savings Accounts		
Certificates of Deposit		
Stocks and Bonds	Name	
Stocks and Bonds	Name	
Stocks and Bonds	Name	
Real Estate	Location	
Other Major Assets		
TOTAL ASSETS		\$

LIABILITIES (Name and Address of Creditors)		AMOUNT OWED
Home Mortgage		
Loan on Auto		
Others		
TOTAL LIABILITIES		

TOTAL NET WORTH (Assets minus Liabilities)

INCOME SOURCES		MONTHLY INCOME AMOUNT
Social Security	Name	
Pensions	Names	
Annuities	Names	
Annuities	Names	
Investment Income	Source	
Other Income		
TOTAL MONTHLY INCOME		\$

MONTHLY EXPENSES Ongoing monthly expenses that you would continue to incur After moving to Loomis Communities (approximate amounts)	AMOUNT
Insurance Premiums	
Payments for Medication Costs	
Other Medical Costs	
Other (include major items only)	
TOTAL MONTHLY EXPENSES	\$