Loomis Communities

Confidential

APPLICATION

FOR

RESIDENCE

☐ Applewood	☐ Loomis Village
☐ Loomis Lakeside at Reeds	Landing
☐ Independent Living	☐ Assisted Living



GENERAL INFORMATION

First Person				
	Last		First	Middle
Second Persor)		——————————————————————————————————————	
	Last		First	Middle
Second Persor	Relationship			
Address				
Telephone Nur	nber			_
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:	Single	Widowed	Divorced
Second Perso	n • Date of Birth			
	Social Security No			
	Medicare No			
	• Medex No.			
	• Long Term Care Insurance _			
	Other Insurance			
	Cell Phone Number			
	• E-Mail Address			
	Marital Status:	Single	Widowed	Divorced

LIFE INSURANCE

NAME	BENEFICIARY	PAID UP AMOUNT	FACE VALUE AMOUNT	ANNUAL PREMIUM AMOUNT
I hereby swear or affii which I maintain conti	rm that the following lis	t contains all th	e assets I now o	wn and/or over
Signature of Applican	t		Date	
Signature of Applican	t		Date	
Who will be responsible fo	r payment of your bills	? Self	Other	Person
If "Other Person":				
Name	14			NAC al all a
Address	Last		First	Middle
Talanhana Numbar		Coll Numb	or	
Telephone Number F-Mail Address			er	
E-Mail Address Have you authorized some				
lf "Yes":				
Name	Last		First	Middle
Telephone Number				
E-Mail Address				

	ASSETS	AMOUNT
Checking Accounts		
Savings Accounts		
Certificates of Depos	sit	
Stocks and Bonds	Name	
Stocks and Bonds	Name	
Stocks and Bonds	Name	
Real Estate	Location	
Other Major Assets		
	TOTAL ASSETS	\$
(Na	LIABILITIES ame and Address of Creditors)	AMOUNT OWED
Home Mortgage		
Loan on Auto		
Others		
	TOTAL LIABILITIES	
	!	
ТОТА	AL 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	\$