



APPLICATION FOR RESIDENCY

Date: _____

Residence Type:	<input type="checkbox"/> One Bedroom <input type="checkbox"/> Two Bedroom <input type="checkbox"/> Two Bedroom Expanded <input type="checkbox"/> Ranch A <input type="checkbox"/> Ranch B <input type="checkbox"/> Ranch I	Villa:	<input type="checkbox"/> Aspen <input type="checkbox"/> Birch <input type="checkbox"/> Oak <input type="checkbox"/> Spruce <input type="checkbox"/> Unit # _____	Contract Type:	<input type="checkbox"/> Original <input type="checkbox"/> Return of Investment
		Cottages:	<input type="checkbox"/> Alder <input type="checkbox"/> Hickory		

PERSONAL INFORMATION

APPLICANT ONE:

Name _____ Marital Status S M D W

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Cell Phone Number _____

Age _____ Date of Birth _____ Place of Birth _____

Social Security Number _____ Medicare Number _____

E-mail Address _____ Physician _____

APPLICANT TWO:

Name _____ Marital Status S M D

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Cell Phone Number _____

Age _____ Date of Birth _____ Place of Birth _____

Social Security Number _____ Medicare Number _____

E-mail Address _____ Physician _____

FINANCIAL INFORMATION (CONFIDENTIAL)

If any assets are not held jointly, they must be identified separately. If assets/liabilities are separate for each applicant, a form for each applicant must be completed. If applicant's relationship is other than as a spouse, two separate applications must be completed.

ASSETS	
Cash in checking accounts	\$
Cash in savings accounts	
Cash in:	
1. C/D's	
2. Securities	
3. Retirement Plan	
4. Annuities	
5. Stocks	
6. Real Estate	
7. Other	
TOTAL ASSETS	\$

LIABILITIES	
Mortgage	\$
Loans	
Note(s) payable to bank(s)	
Income tax due &/or accrued	
Other:	
1.	
2.	
3.	
4.	
5.	
TOTAL LIABILITIES	\$

Cash on Hand in Banks

Name of Bank or Financial Institution	Type of Account	Account Balance

Securities Owned

Par Value or # of Shares	Description	Registered in Names of:	Listed or Unlisted	Market Value

Real Estate Owned

Description of Property	Year Acquired	Insured Value	Mortgage Balance	Market Value

Life Insurance

Insurance Company	Insured Value	Cash Value	Name of Insured	Beneficiary

MONTHLY INCOME			
APPLICANT ONE		APPLICANT TWO	
Pensions	\$	Pensions	\$
Annuities		Annuities	
Trust Income		Trust Income	
Interest Income		Interest Income	
Dividend Income		Dividend Income	
Social Security		Social Security	
Other		Other	
TOTAL		TOTAL	

Please complete this report as accurately as possible. Supply all information as of the date you complete the report. Use additional paper if necessary.

PERSONAL AND MEDICAL INFORMATION

APPLICANT ONE:

Name _____

General Health is: Good Average Fair Poor

Vision is: Good Average Fair Poor

Hearing is: Good Average Fair Poor

Do you use any of the following? Cane Crutches Walker Wheelchair Other _____

Do you require any assistance caring for yourself? Please describe:

Indicate special diet or dietary concerns:

Please describe any current/past health issues:

Do you smoke? Yes No

Is Applicant a Registered Sex Offender? Yes No

Do you have Long Term Care Insurance? Yes No Benefit \$ _____ per day _____ year

Name of Insurance Company: _____

Do you have health insurance other than Medicare? Yes No

Name of Insurance Companies: _____

Please provide 2 references as contacts, preferably someone who knows you well and interacts with you frequently. If you are moving from an apartment/townhome or similar living complex, please provide the operator or manager as one of the contacts. Westhills Village reserves the right to contact these references.

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

(Applicant's signature on this document serves as authorization to contact the listed references.)

Special Needs or Requests:

APPLICANT TWO:

Name _____

General Health is: Good Average Fair Poor

Vision is: Good Average Fair Poor

Hearing is: Good Average Fair Poor

Do you use any of the following? Cane Crutches Walker Wheelchair Other _____

Do you require any assistance caring for yourself? Please describe:

Indicate special diet or dietary concerns:

Please describe any current/past health issues:

Do you smoke? Yes No

Is Applicant a Registered Sex Offender? Yes No

Do you have Long Term Care Insurance? Yes No Benefit \$ _____ per day _____ year

Name of Insurance Company: _____

Do you have health insurance other than Medicare? Yes No

Name of Insurance Companies: _____

Please provide 2 references as contacts, preferably someone who knows you well and interacts with you frequently. If you are moving from an apartment/townhome or similar living complex, please provide the operator or manager as one of the contacts. Westhills Village reserves the right to contact these references.

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

(Applicant's signature on this document serves as authorization to contact the listed references.)

Special Needs or Requests:

Westhills Village Retirement Community hereby acknowledges receipt of 5% of the current Residence Fee, or a maximum of \$6,000.00, from the Applicant(s). This Application Fee shall be non-interest bearing. The Applicant(s) understand that Westhills Village may increase the Residence Fee.

Current Residence Fee	
Less Application Fee	
BALANCE	

It is understood that within sixty (60) days of reserving a residence and prior to occupancy at Westhills Village, if the Applicant(s) should give written notice of cancellation or should the Applicant(s) be deceased, the Village shall, within thirty (30) days of receipt of such notice, refund to the Applicant(s) or the Applicant's(s) estate, the full amount of the Application Fee without interest accrued.

It is understood that my/our Application is dependent upon a determination by Westhills Village that at the time of my/our occupancy, I/we are able to live independently and unassisted in a residence at Westhills Village, and meet the financial requirements. Westhills Village reserves the right to approve or not approve this Application for Residency. In the event that it is determined that I/we cannot, the full amount of my/our Application Fee shall be returned to me/us without interest accrued.

It is understood that joining the waiting list does not imply or convey any provisions for priority access to Westhills Village assisted living or health care services should a Deferred Member experience health changes which require assisted living or health care services.

I declare that all statements made herein are true and complete according to my best knowledge and belief. Any misrepresentation, concealment, or omission may cause the agreement to be voided at the option of Westhills Village.

Applicant One Date

Applicant Two Date

Witness: Name Date

Board of Directors, Westhills Village Date

If the Applicant(s) has limited resources or needs financial assistance, Westhills Village Retirement Community does allow for a Guarantor; please ask for more details.

Applications for Residency are re-examined prior to move-in and financial information must be updated within 90 days prior to move-in.

A Resident cannot elect to transfer from a Residence Contract to a Return of Investment Residence Contract after occupancy begins or 60 days after the execution of the Residence Contract, whichever occurs first.