

Date Received \_\_\_\_\_

Number Assigned \_\_\_\_\_

Fee \_\_\_\_\_



## APPLICATION FOR RESIDENCY

Name \_\_\_\_\_  
Last First Middle Maiden

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Social Security # \_\_\_\_\_ Medicare # \_\_\_\_\_

Male  Female  Are you a Veteran? \_\_\_\_\_

Single  Widowed  Married  Spouse's Name \_\_\_\_\_

Education: Elementary  High School  College  Other \_\_\_\_\_

Vocation(s) in which you have been engaged \_\_\_\_\_

List skills, interests and hobbies \_\_\_\_\_

Church Member: Yes  No  If yes, how many years at present church? \_\_\_\_\_

Name of Church \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Church Telephone \_\_\_\_\_

Have you ever lived in a retirement home? Yes  No

If yes, reason for leaving: \_\_\_\_\_

To whom have you given Power-of-Attorney? \_\_\_\_\_

Do you have a Health Care Power-of-Attorney? \_\_\_\_\_

Do you have a Living Will? \_\_\_\_\_

## Family History

Father's Name \_\_\_\_\_  
Last First Middle

Mother's Name \_\_\_\_\_  
Last First Middle Maiden

List children and other close family members, who are living:

◆ Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Business # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

◆ Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Business # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

◆ Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Business # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

◆ Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Business # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

\*If necessary, list other family members on separate sheet.

Type of accommodations desired:

### Stockton Building:

- A (991 sq. ft.)
- B (1160 sq ft)
- C-1 (1217 sq. ft.)
- C-2 (1397 sq. ft.)
- C-3 (1500 sq. ft.)
- D-1 (1592 sq. ft.)
- D-2 (1602 sq. ft.)
- D-3 (1728 sq. ft.)

### Retirement Center:

- Studio
- One bedroom w/kitchenette
- One bedroom Corpening w/kitchen

### Houses:

- 1 BR
- 2 BR:
- 1200-1399 sq. ft.
- 1400-1599 sq. ft.
- 1600-1799 sq. ft.
- 1800-1999 sq. ft.
- 2000-2199 sq. ft.
- 2200 + sq. ft.

### Courtyard Homes:

- 1 BR
- 2 BR
- Advantage Program**  
(Off Campus Residency)

### Licensed Levels

- Asbury Place-Assisted Living
- Arborview-MemoryCare
- Fitzgerald-Skilled Nursing

# APPLICANT FINANCIAL STATEMENT

Information provided is strictly confidential.  
All assets listed are available to provide financial support for residency.

<b>ASSETS:</b>	<u><b>Market Value</b></u>	<u><b>Annual Income</b></u>
Stocks and Bonds	_____	_____
Mutual Funds	_____	_____
Certificates of Deposit	_____	_____
Cash (Checking, Savings, Money Market)	_____	_____
Trust	_____	_____
IRA	_____	_____
Real Estate- Home (market value less debt)	_____	_____
Address: _____		
Real Estate- Other (market value less debt)	_____	_____
Address: _____		
Other _____	_____	_____
<b>Total Assets &amp; Income from Assets</b>	_____	_____

<b>INCOME:</b>	<u><b>Monthly Income</b></u>	<u><b>Annual Income</b></u>
Social Security (Male)	_____	_____
Social Security (Female)	_____	_____
Pension from _____	_____	_____
Pension from _____	_____	_____
Annuity with _____	_____	_____
Benefit Details: _____		
Will or Trust administered by _____	_____	_____
Rent from _____	_____	_____
<b>Total Income</b>	_____	_____

1. Does pension provide:
  - a. Surviving spouse benefit? \_\_\_\_\_ Percentage \_\_\_\_\_
  - b. Cost of living increases? \_\_\_\_\_
  
2. Health Insurance: \_\_\_\_\_
 

Company	Policy #	Cert.#	Type of Coverage
_____	_____	_____	_____
Company	Policy #	Cert.#	Type of Coverage
_____	_____	_____	_____

Do you have prescription coverage? \_\_\_\_\_ If yes, describe: \_\_\_\_\_
  
3. Medicare Coverage:    Part A     Part B
  
4. Long Term Care Insurance? \_\_\_\_\_
 

Benefit per day: \_\_\_\_\_ Max Length: \_\_\_\_\_ Waiting Period: \_\_\_\_\_

Total Benefit: \_\_\_\_\_

Benefit Available: \_\_\_\_\_

Simple Inflation \_\_\_\_\_%     Compounded Inflation \_\_\_\_\_%

5. Life Insurance

Company: \_\_\_\_\_ Death Benefit: \_\_\_\_\_ Cash Value: \_\_\_\_\_  
Company: \_\_\_\_\_ Death Benefit: \_\_\_\_\_ Cash Value: \_\_\_\_\_

6. Does anyone owe you any money? If yes, give details on amounts, terms, repayment schedule, interest rate, etc.

\_\_\_\_\_

7. Do you owe any debts or have any judgments or claims pending against you? \_\_\_\_\_  
If yes, please explain:

\_\_\_\_\_

8. Have you sold or transferred any real estate in the past five years? \_\_\_\_\_  
If yes, please explain:

\_\_\_\_\_

9. If your assets and income are not expected to be sufficient to pay the Entrance Fee, Monthly or Daily Fee and personal expenses at Arbor Acres, indicate how you expect the difference between income and expenses to be met.

\_\_\_\_\_

10. Other comments/remarks: \_\_\_\_\_  
\_\_\_\_\_

I understand that my name will be placed on a waiting list for the type of accommodation I have requested, provided my application is accepted by Arbor Acres. I understand this application is a preliminary step in the consideration of my acceptance as a resident and does not make a commitment on either my part or that of Arbor Acres.

I understand that it is Arbor Acres' policy to conduct a sex offender screening to protect the safety of its residents, employees, and guests, as part of its admissions review process. I also understand that should that screening show that I am identified as a sex offender, Arbor Acres will deny my admission on that basis. My signature below is my consent to this screening.

**I declare the answers provided, and consents agreed to, in this document to be true and I authorize Arbor Acres to verify with any person or agency the accuracy of the information provided on this form and its accompanying documentation. The provision of false or intentionally misleading information can impact my admission to Arbor Acres.**

**Enclosed is my non-refundable application fee of \$100.00.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to:  
Arbor Acres United Methodist Retirement Community, Inc.  
1240 Arbor Road, Winston-Salem, NC 27104  
(336) 724-7921