



Application for Residency

INDEPENDENT LIVING



A Ministry of the Vincentian Collaborative System

GENERAL INFORMATION

Vincentian Independent Living Application

Please print or type.

Community of Interest (Please check one or both) Terrace Place at Vincentian Vincentian Villa

1. Name in full _____

Spouse or co-occupant _____

2. Address _____

3. Telephone _____ Date of Birth _____

Spouse / Co-occupant Date of Birth _____

4. Email _____

5. Presently Residing: In own home In an apartment With friends or relatives
 Hospital Nursing Home Other _____

6. Social Security No _____ Medicare No. _____

Spouse/Co-occupant SS No. _____ Medicare No. _____

7. Hospitalization _____ Group No. _____ Agreement No. _____

PLEASE INCLUDE A COPY OF YOUR INSURANCE CARDS AND SOCIAL SECURITY CARD WITH THIS APPLICATION

8. Marital Status: Single Married Widow Widower Divorced

9. Name and residence of children, relatives, responsible party, power of attorney, executor of will to be contacted in an emergency:

NAME RELATIONSHIP ADDRESS TELEPHONE

a. _____

b. _____

c. _____

d. _____

10. Will you bring a car? Yes No If yes, how many? _____

11. Will you bring a pet? Yes No If yes, what kind? _____

NOTE: There is a one-time pet fee of \$250 due at move-in.

12. Do you smoke? Yes No

Vincentian Villa and Terrace Place at Vincentian are smoke-free communities.

I understand that this application does not obligate me to enter VINCENTIAN, if accepted, nor does it obligate VINCENTIAN to accept me.

FINANCIAL REPORT
MONTHLY INCOME

Vincentian Independent Living Application

PLEASE PROVIDE COPIES OF STATEMENTS FOR ALL FUNDS LISTED

Statements should include: name of financial institution where account is held, owner of account by name, description of the type of account, value of the asset, maturity date (when applicable), and all other relevant information. Statement should be the most current available.

Name: _____

Income	Monthly
Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Retirement Date? _____	N/A
Income from employment (if currently employed)	\$
Social Security (first person)	\$
Social Security (second person)	\$
Pension (first person)	\$
Pension (second person)	\$
Interest	\$
Dividends	\$
Other	\$
TOTAL	\$

Name: _____

Assets	Additional Information	Value
Real Estate	Jointly Owned <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Real Estate	Jointly Owned <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Checking (primary)	Institution	\$
Checking (secondary)	Institution	\$
Saving	Institution	\$
CD	Institution	\$
CD	Institution	\$
CD	Institution	\$
CD	Institution	\$
Long-Term Care	Total Value of Policy	\$
Stocks	Description	\$
Stocks	Description	\$
Stocks	Description	\$
Bonds	Description	\$
Annuity	Description	\$
Other Assets	Description	\$
TOTAL ASSETS		\$
Life Insurance	Beneficiary	\$
Life Insurance	Beneficiary	\$

FINANCIAL REPORT
LIABILITIES

Vincentian Independent Living Application

Name: _____

Liabilities	Total
Loan	\$
Mortgages	\$
Credit Card Debt	\$
Taxes	\$
Other	\$
TOTAL	\$
Gifts given in to others in last 5 years	\$
Other	\$

Vincentian Independent Living Application

Do you have a prenuptial agreement? Yes No

Do you have an irrevocable burial trust? Yes No

Is anyone other than you responsible for your financial information? Yes No

If so, who? _____

Have you ever been charged with, convicted of, or pled guilty or no contest to a misdemeanor or felony offense? Yes No

If yes, please state the date of the charge, the Court where the case(s) were prosecuted and the outcome.

Select your desired Entrance Fee payment option(s): 100K + CCRC 50k + CCRC Rent Only
(For Terrace Place Only)

Name: _____ Phone: _____

Address: _____

I AUTHORIZE VINCENTIAN TO CONTACT THE FINANCIAL INSTITUTIONS IDENTIFIED ON THIS APPLICATION TO OBTAIN INFORMATION REGARDING MY ASSETS AND INCOME, AND I HEREBY AUTHORIZE THE FINANCIAL INSTITUTIONS TO RELEASE ANY INFORMATION TO VINCENTIAN.

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF UNDER PENALTY OF PERJURY. I UNDERSTAND THAT PROVIDING FALSE INFORMATION MAY RESULT IN THE DENIAL OF MY APPLICATION AND/OR THE TERMINATION OF THE RESIDENCE AND CARE AGREEMENT AFTER ADMISSION TO VINCENTIAN.

Date: _____

Signature: _____

PLEASE INCLUDE A NON-REFUNDABLE \$150 APPLICATION FEE (CHECK MADE OUT TO VCS) WHEN SUBMITTING YOUR APPLICATION.

VCS operates a continuing care retirement community and provides housing for persons 55 years of age and older in its residential living units. VCS conducts its operations in accordance with the Fair Housing Act (The Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988). VCS does not discriminate against any person because of race, color, religion, sex, national origin, or handicap in the provision of housing.

Vincentian Independent Living Application

THIS SPACE FOR THE USE OF VINCENTIAN ONLY.

Date application was received: _____ Date check received: _____

Date application sent for approval: _____

Date application approved: _____ **OR** Date placed on waiting list: _____

Date entered: _____