



# 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 \$500 due at move-in.**

12. Do you smoke?     Yes     No

**Vincetian 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.

**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	\$
<b>TOTAL</b>	\$

Name: \_\_\_\_\_

<b>Assets</b>	<b>Additional Information</b>	<b>Value</b>
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	\$
<b>TOTAL ASSETS</b>		\$
Life Insurance	Beneficiary	\$
Life Insurance	Beneficiary	\$

Name: \_\_\_\_\_

<b>Liabilities</b>	<b>Total</b>
Loan	\$
Mortgages	\$
Credit Card Debt	\$
Taxes	\$
Other	\$
<b>TOTAL</b>	\$
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.

Choose a Terrace Place entrance fee payment option(s):  100K + CCRC  50k + CCRC  Rent Only

Choose a Vincentian Villa residence option(s):  Patio Home  Apartment  First Available

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.**

**VINCENTIAN MAY RUN CREDIT AND CRIMINAL BACKGROUND CHECKS AS PART OF THE APPLICATION APPROVAL PROCESS. THESE REPORTS MAY BE OBTAINED AT ANY TIME AFTER RECEIPT OF YOUR AUTHORIZATION BY SIGNING THE APPLICATION FOR RESIDENCY.**

**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: \_\_\_\_\_