Application for Residency

Grace Village Retirement Community

337 Grace Village Drive

Winona Lake, Indiana 46590

574-372-6200

APPLICATION for RESIDENCY at GRACE VILLAGE RETIREMENT COMMUNITY

• Please answer as completely as possible • One resident per application (i.e. couples must submit two applications) • Please include a recent photograph or snapshot of yourself

I. GENERAL

Name _____

Address – Street _____ City _____

State _____ Zip _____ Phone _____ E-mail _____

Place of Birth: Town _____ State _____ County _____

Date of Birth: Month _____ Day _____ Year _____

Your Social Security Number _____

Your Spouse's Social Security Number _____

Present Occupation _____ Former Occupation _____

Marital Status: (check one) ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Wedding Anniversary: Month _____ Day _____ Year _____

Name of Spouse _____

If spouse is deceased date of death _____

Circle type of accommodation desired: (See brochure for description)

Independent Living Apartment Style: A C C+ D D+ E

Assisted Living: Studio 1 Bedroom Suite

Robin Hood Home Style: 1 Bedroom 2 Bedroom Phase: I II III IV

When would you like to move into Grace Village? _____

II. PHYSICIAN

Name of physician _____

Address _____ Phone _____

Date last visited _____

III. HEALTH

Do you consider your health for your age to be: (check one) ☐Excellent ☐Good ☐Fair ☐Poor

Any special health problems? (explain) _____

_____

Do you require a special diet? _____ Do you smoke? _____ Do you drink alcoholic beverages? ____

List any physical therapy treatments required _____

Do you use crutches, a cane, or walker while walking? _____

Do you use a wheelchair? _____

State what serious illness(es), if any, you have had within the last five years _____

_____

_____

_____

List condition of Sight _____ Hearing _____

List medications taken and reason why _____

_____

_____

_____

Are you able to care for your own personal needs? _____

If any special attention is required, please explain _____

_____

_____

IV. INSURANCE

Medicare # _____

Part A _____ yes _____ no Part B _____ yes _____ no

List insurance company and policy number(s) of your supplemental insurance _____

_____

Are you eligible for Veteran's benefits? _____

V. PERSONAL REFERENCES

Names, addresses and phone numbers of two persons, not related to you, who have been personally acquainted with you for at least five years:

NAME RELATIONSHIP ADDRESS PHONE

_____

_____

Name, address, phone number, and relationship of nearest relative:

_____

_____

VI. NOTIFICATION

Whom do you wish to have notified in event of illness or death?

NAME RELATIONSHIP ADDRESS PHONE

_____

_____

VII. BURIAL ARRANGEMENTS

Do you have a cemetery plot or right of interment? _____ Yes _____ No

Holder of deed _____

Address _____

Funeral Home (if you have a preference) _____

Address _____ Phone Number _____

Financial arrangements completed _____ Yes _____ No

VIII. FINANCIAL STATEMENT – THIS KNOWLEDGE WILL BE KEPT STRICTLY CONFIDENTIAL

Monthly Income	**Amount**
Social Security	_____
Pension	_____
Annuities	_____
Investment Income	_____
Other	_____
Total Income	_____

Expected Monthly Expenses

While at Grace Village

Rent	_____
Meals	_____
Insurance	_____
Prescriptions	_____
Fixed Payments	_____
Other Obligations	_____
Total Expenses	_____

Assets	**Amount**
Investments	_____
Savings	_____
CD's	_____
Securities	_____
IRA	_____
401K	_____
Other	_____
Property	
House/Lot	_____
Farm	_____
Rental Units	_____
Land	_____
Other	_____
Life Insurance	_____
Liabilities	
Loans	_____
Mortgage	_____
Credit Card Balance	_____

Other Pertinent Information: _____

_____

_____

Do you have a trust arrangement? _____ Location _____

If necessary, are children able and willing to contribute to your support? _____ Yes _____ No

Signature(s) and name(s) of person(s) responsible for payment of your bills. (Who would you like your statement mailed to?)

NAME	SIGNATURE	RELATIONSHIP	ADDRESS

If this application contains an untruth with references to any statement, answer, representation, or depiction therein, it shall be sufficient reason for the forfeiture of any rights and privileges as a guest in the Grace Village Retirement Community, even if admitted, and all contracts and agreements would be considered invalid.

If my application is accepted, admission to Grace Village Retirement Community shall be made subject to the conditions as found in the Residence Agreement.

NOTE: a non-refundable processing fee of $200 must accompany this application.

APPLICANT SIGNATURE _____ DATE _____

POWER OF ATTORNEY SIGNATURE _____ DATE _____