

DATE: _____

GENERAL INFORMATION

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Telephone: _____ S.S.#: _____ Age: _____

Birthdate: _____ Marital Status: _____

CHOICE OF ACCOMMODATION AT HARWOOD PLACE

Aspen____ Birch____ Cypress____ Dogwood____ Elm____ Hickory____
Juniper____ Juniper 1____ Juniper 2____ Juniper 3____ Willow____
Laurel____ Laurel 1____ Laurel 2____ Laurel 3____ Laurel 4____ Magnolia____

Would also want: Garage Space____ Dishwasher____ Washer/Dryer____

Approximate Time of Desired Occupancy: _____

ALTERNATIVE CONTACTS (To be contacted, if we are unable to reach you.)

1) _____
Name Street/City/State/Zip

Telephone Number Relationship

2) _____
Name Street/City/State/Zip

Telephone Number Relationship

3) _____
Name Street/City/State/Zip

Telephone Number Relationship

HEALTH INSURANCE INFORMATION

CONFIDENTIAL

Health Insurance

Company _____
Policy Number _____
Group Number _____

Medicare

Part A Yes____ No____ Number _____
Part B Yes____ No____ Number _____

Long Term Care Insurance

Company _____
Policy Number _____
Description/Coverage Terms _____

In case of death, who has legal authority to handle your affairs?

_____	_____
Name	Street/City/State/Zip
_____	_____
Telephone Number	Relationship

FINANCIAL INFORMATION

CONFIDENTIAL

Do you rent _____ Own your home _____ Approximate Value \$ _____

FIXED MONTHLY INCOME:

Social Security	\$ _____
Private Pensions/Retirement Plans	\$ _____
Disability Plans	\$ _____
Veterans Benefits	\$ _____
Annuities or Trust Funds	\$ _____
Supplemental Security Income (SSI)	\$ _____
TOTAL (A)	\$ _____

MONTHLY INCOME FROM OTHER SOURCES:

Savings Accounts	\$ _____
CD Earnings	\$ _____
Dividends from Stocks, Bonds, Securities and Other Sources	\$ _____
Other: _____	\$ _____
TOTAL (B)	\$ _____

TOTAL ALL MONTHLY INCOME (A+B) \$ _____

LIABILITES:

Mortgage (Describe: _____) \$ _____

Personal Loans (Describe: _____) \$ _____

Uninsured Health Costs (Describe: _____) \$ _____

Other Obligations (Describe: _____) \$ _____

Back Taxes \$ _____

TOTAL LIABILITIES \$ _____

FINANCIAL INFORMATION CONT.

CONFIDENTIAL

ASSETS:

Stocks and Bonds \$ _____

Description: _____

Who Owns (If joint, identify co-owner): _____

Checking Account \$ _____

Name of Bank: _____

Interest Bearing? Yes _____ No _____

Who Owns (If joint, identify co-owner): _____

Savings Account \$ _____

Name of Bank: _____

Interest Bearing? Yes _____ No _____

Who Owns (If joint, identify co-owner): _____

Real Estate (including home) \$ _____

Description: _____

Who Owns (If joint, identify co-owner): _____

Other \$ _____

Description: _____

Who Owns (If joint, identify co-owner): _____

TOTAL ASSETS \$ _____

TOTAL ASSETS \$ _____

TOTAL LIABILITIES — (\$ _____)

NET WORTH \$ _____

ACKNOWLEDGEMENT AND REPRESENTATIONS

By completing and submitting this application, I represent and warrant that I can and will maintain myself in a manner that does not threaten the health, safety or welfare of myself or others and will not result in physical damage to property. I acknowledge and understand that Harwood Place is not licensed to provide any personal assistance or health care related services to non-Assisted Living residents. If I require such services, I acknowledge and understand that I will be required to contract for such services or move to a care setting that provides these services. I understand that Harwood Place may help me locate such care providers. I represent and warrant that the information provided in this application is true and correct to the best of my knowledge. I understand that Harwood Place will treat this information confidentially and will be relying upon it for purposes of evaluating my eligibility for residency, and may terminate any and all agreements with me, if I provide false or misleading information. I further give Harwood Place permission to verify the information I have provided and will provide additional information as reasonably requested. I also understand that I may be required to provide updated information from time to time and agree to do so upon request. I believe that I have adequate resources to meet my financial responsibilities, including those that will attach if I am accepted to Harwood Place.

Signature of Applicant

Date

