



APPLICATION FOR RESIDENCY

Schowalter Villa seeks to help every person make the best possible choice for their retirement. Services are provided without regard to sex, race, color, religion, or national origin. **Each applicant is required to fill out this application form and submit with a non-refundable application fee of \$50.** (One fee per household) Thank you for considering Schowalter Villa for your retirement needs.

Full Name _____ Phone _____
 First MI Last

Address _____
 Street/P.O. Box City County State Zip E-mail address

Birth date _____ Birth place _____ Sex: Female Male

Marital Status: Single Married Widow Widower Date Married _____

Name of Spouse _____ If not living, date of death _____

*Power of Attorney: Legal / Financial:

Name	Relationship	Address	Primary Phone#	Secondary Phone #	Email Address
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*Power of Attorney: Healthcare / Medical:

Name	Relationship	Address	Primary Phone#	Secondary Phone #	Email Address
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*Relatives: (List in order of primary contacts)

Name	Relationship	Address	Primary Phone#	Secondary Phone #	Email Address
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*Names and addresses may be used for public relations, marketing, and development purposes. Please notify the Development office at (620) 327-2007 if you do not want information used.

Home congregation _____

Pastor(s) _____

Address _____ Phone _____

Hobby preferences: Music Sewing Reading Pottery Sports Fishing Gardening
Painting Intergenerational activities Woodworking Quilting Table games Volunteering
TV Computer / Internet Other _____ Previous Occupation? _____

Social Security No. _____ Medicaid No. _____

Medicare No. _____ Part A (hospital): Yes No Part B (medical): Yes No

Supplemental Health Insurance Co. _____ No. _____

Do you have Long-Term Care Insurance? No Yes, Please list carrier and benefits: _____

Mortuary Preference _____

Family physician _____

Address _____ Phone _____

Income:	Value	Value
Social Security \$	_____	Private Pension \$ _____
Annuities \$	_____	Life Estate \$ _____
Interest Income \$	_____	Trust Income \$ _____
Other \$	_____ please specify what:	_____

What type of housing would you prefer?

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Independent Living | <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Health Care | <input type="checkbox"/> Memory Care |
| <input type="checkbox"/> Arbor Vista | <input type="checkbox"/> Single Room | <input type="checkbox"/> Private Room | |
| <input type="checkbox"/> Lake Vista | <input type="checkbox"/> Suite | <input type="checkbox"/> Semi-Private Room | |
| <input type="checkbox"/> Lakeside Village Suites | | | |

Entrance Date: As soon as possible Future (give approximate date) _____

FOR OFFICE USE ONLY:

Application Fee Paid Date Application Received _____ Staff initials _____



The following financial information will be used to facilitate our discussion with you regarding your housing options. This information will be used to assess if/when you may require assistance and how we may be able to assist you with this process. All information provided is confidential.

FINANCIAL INFORMATION

Have you or your spouse:

Sold, given away, changed ownership on any property in the last 5 yrs? Yes No

 Taken a loan against any property in the last 5 years? Yes No

 Ever consented to a will or nuptial agreement? Yes No

ASSET	BALANCE/VALUE	INSTITUTION HOLDING	OWNER	ACCOUNT #
Checking				
Savings Account				
CD's				
Stocks/Bonds				
Real Estate/Home Address: _____				
IRA's				
Funds in Trust				
Life Insurance				

Loans/Liabilities:

Mortgage \$ _____ Mortgage Holder _____ Vehicle \$ _____

Business \$ _____ Other \$ _____

Do you or your spouse have a trust or annuity? No Yes, list type of trust, purpose, amount, and owners:

Do you or your spouse own a home? No Yes

Address: _____

Do you or your spouse own other property? No Yes, please specify: _____

Value: \$ _____ Amount owed: \$ _____ Owners: _____

Address: _____

Have you received any lump sum payments such as: inheritances, lottery winnings, insurance settlements, Capital gains, unemployment, other? No Yes

For: _____

Do you regularly receive monetary gifts or non-cash contributions from persons outside your household?

No Yes, please specify: _____

I verify that the above information provided is true, accurate, and complete to the best of my knowledge. I give Schowalter Villa permission to inquire about the above information in an attempt to determine my need for financial assistance.

Signed: _____

Date: _____