



mapleknoll
VILLAGE

APPLICATION FOR RESIDENCY AT MAPLE KNOLL VILLAGE

Personal Data information

Name _____

Social Security Number _____

Address _____

E-Mail _____

Home Phone _____

Cell Phone _____

Birth Date _____

Birth Place _____

Marital Status: M S W D Sep.

Veteran: Yes ___ No ___ Branch _____

Former Occupation _____

Former Employer _____

Notify in Case of Emergency:

Name _____

Relationship _____

Address _____

Home Phone _____ Cell Phone _____ E-Mail _____

Name _____

Relationship _____

Address _____

Home Phone _____ Cell Phone _____ E-Mail _____

Name _____

Relationship _____

Address _____

Home Phone _____ Cell Phone _____ E-Mail _____

Hobbies and Special Interests _____

Medical and Insurance Information

Medicare Number _____

Are you a member of a Medicare HMO? Yes ___ No ___

If Yes, Company Name _____ Policy Number _____

Address _____

Supplemental Health Insurance: Company _____

Policy Number _____

Address _____

Long Term Care Insurance: Company Name _____

Current Monthly Benefit _____ Years of Benefit _____

Skilled Care: ___Yes ___No

Assisted Living: ___Yes ___No

Prescription Drug Plan _____ Policy Number _____

Pharmacy _____ Phone Number _____

Primary Physician Name _____ Phone Number _____

Address _____

Church _____ Pastor _____

Funeral Home _____ Phone _____

Please check any of the following legal documents you have:

___ Living Will ___ Power of Attorney

___ Will ___ Trust

Name of Power of Attorney _____

Address _____

Phone _____

*****Please provide photocopies of Social Security, Medicare and co-insurance cards. Copy both sides of cards. If applicable, please provide photocopies of Living Will and Power of Attorney. Photocopies of these cards and documents can be made at the Maple Knoll Village Visitor Center*****

Type of Accommodation Desired

Beecher Place	Villa	Kensington Place	Breese Manor Assisted Living
<input type="checkbox"/> One-Bedroom, Terrace/Balcony <input type="checkbox"/> One-Bedroom, Large <input type="checkbox"/> One-Bedroom, Solarium <input type="checkbox"/> Two-Bedroom Apartment <input type="checkbox"/> Two-Bedroom Deluxe <input type="checkbox"/> Three-Bedroom Deluxe	<input type="checkbox"/> Eastwood <input type="checkbox"/> Westminster (G, H) <input type="checkbox"/> Coventry Court (A,B) <input type="checkbox"/> Coventry Court (C,D) <input type="checkbox"/> Westminster II (2BR) <input type="checkbox"/> Westminster II (2 BR +) <input type="checkbox"/> Courtyard (2BR +) <input type="checkbox"/> Coventry New Construction	<input type="checkbox"/> One Bedroom <input type="checkbox"/> Two Bedroom <input type="checkbox"/> Two Bedroom Den <input type="checkbox"/> Three Bedroom	<input type="checkbox"/> One Bedroom <input type="checkbox"/> One Bedroom Bay <input type="checkbox"/> Two Bedroom

Financial Information

Maple Knoll Communities, Inc. requests the following financial information so that the trustees of the corporation might have assurances that your life at Maple Knoll Village will be secure in the full knowledge that your finances are such to provide the necessary funds for your needs over the years. All information is treated with the utmost privacy and will be held in the strictest confidence.

Income

Social Security Income

Wife	Husband	Total Monthly

Pension/Retirement

Provider	For Life or No. of Yrs.	Survivorship for Spouse	Amount per Month
Recipient:		Yes No	
Recipient:		Yes No	
Recipient:		Yes No	

Annuity/Endowment

Company	Plan of Payment	For Life or No. of Yrs.	Survivorship for Spouse	Amount Per Month
Recipient:				
Recipient:				

Trust Funds

Administrator	For Life or No. of Yrs.	Beneficiary/ Survivorship	Principal Amount	Monthly Distribution

Assets and Other Sources of Income

Stocks and Bonds (You may attach financial statements from companies or financial advisors.)

Company	Description	Number of Shares	Current Cash Value	Annual Income

Real Estate

Type/Location	Residential/ Commercial	Current Value	Annual Income

Other

	Financial Institution	Current Value	Annual Income
Cash			
Savings			
Certificate of Deposit			
Certificate of Deposit			
Certificate of Deposit			
Other:			

Total Assets and Monthly Income

--	--

Liabilities

	Description	Balance	Payment/ Mo. or Yr.
Installment Debts			
Stock Loans/Pledges			
Real Estate Loans			
Other Debt (including medical treatment or supporting family members)			

Monthly Expenses

	Description	Monthly Cost
Health Insurance Premiums		
Life Insurance Premiums		
Long Term Disability, Long Term Care Insurance		
Prescription and Medical Costs		
Automobile Costs (insurance, lease, etc.)		

Home/Renter's Insurance Costs		
Food and Dining Out Costs		
Other (please explain)		

Total Liabilities and Monthly Payments

--	--

Total Assets \$ _____

Minus Total Liabilities \$ _____

Net Worth \$ _____

Applicant's Statement

The undersigned hereby makes application for residency in Maple Knoll Village, Springdale, Ohio, and represents that the above statements and information are true and correct. ***Non-refundable application fee is \$500.*** It is hereby understood that the Resident's age, application for admission, admission record, statement of finances and health and medical history are a part of the Agreement between Maple Knoll Communities, Inc. and Resident, and any misrepresentation or material omission made by the Resident in connection therewith shall render the Agreement voidable at the option of Maple Knoll Communities, Inc.

Applicant's Signature

Date

Co-Applicant's Signature

Date