



**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 Former Occupation \_\_\_\_\_

Former Employer \_\_\_\_\_ Veteran: Yes or No Branch \_\_\_\_\_

Would you like information about possible veteran benefits available to you? Yes or No

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 \_\_\_\_\_

## Tell Us About Yourself

### Hobbies and Special Interests (check all that apply)

Gardening  Dance  Golf  Fishing  Reading  Puzzles  Cooking  
 Painting  Woodworking  Hiking  Collecting  Sports  Volunteering  
 Fitness  Yoga  Swimming  Arts/Crafts  Traveling  Music  Instruments  
Other \_\_\_\_\_  
\_\_\_\_\_

Hometown \_\_\_\_\_ Religion \_\_\_\_\_  
Church \_\_\_\_\_ Pets \_\_\_\_\_  
Favorite Food \_\_\_\_\_ Favorite TV Show \_\_\_\_\_  
Favorite Restaurant \_\_\_\_\_ Favorite News Station \_\_\_\_\_

Do you use a smart device? Check all that apply:

Smart Phone  Tablet  Computer  Smart Watch  Smart Doorbell  
 Amazon Alexa/Echo  Smart Thermostat  Smart Speaker

Do you still travel? Yes or No

Favorite Place you have traveled to? \_\_\_\_\_

Do you currently belong to a gym or fitness club? Yes or No

If so, where do you belong? \_\_\_\_\_

Are you involved in a local art or community group? Yes or No

If so, where are you involved? \_\_\_\_\_

Are you interested in volunteering at Maple Knoll Village? Yes or No

If so, what interests you? \_\_\_\_\_

What are you most excited to try at Maple Knoll Village? \_\_\_\_\_

What would you like to see added at Maple Knoll Village? \_\_\_\_\_

What would make this transition a smooth process for you? \_\_\_\_\_

Are you interested in Maple Knoll Village connecting you with residents who share similar interests? Yes or No

## 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 to ensure that your residency at Maple Knoll Village remains secure, with the confidence that you have the necessary resources to support your needs over time. All information provided will be handled with the utmost privacy and strict confidentiality. **Please include copies of your bank and investment statements.**

#### 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**

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**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**

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**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