

Resident of the Future Application



Applicant name: _____

Address: _____

Home phone: _____ Cell phone: _____

Email: _____ Birth date: _____

In your own words, briefly describe your health: _____

Specify limitations (vision, hearing, ambulation, climbing steps, driving, etc.): _____

Are you presently under any medical care at this time? If so, for what? _____

Have you had or do you have any of the following?

☐ Cancer ☐ Anemia ☐ Hernia ☐ Heart disease ☐ Stroke ☐ Arthritis ☐ Diabetes ☐ Asthma
☐ Paralysis ☐ Kidney disease ☐ Memory loss ☐ COPD ☐ Dialysis ☐ Tuberculosis ☐ Polio

Do you have long-term care insurance? _____ Benefit period: _____ Maximum Benefit: _____

Your daily benefit in Assisted Living _____ Your daily benefit in Skilled Nursing _____

Yearly Premium _____ Elimination Period _____ Annual Inflation Rate % _____

Co-Applicant name: _____

Address: _____

Home phone: _____ Cell phone: _____

Email: _____ Birth date: _____

In your own words, briefly describe your health: _____

Specify limitations (vision, hearing, ambulation, climbing steps, driving, etc.): _____

Are you presently under any medical care at this time? If so, for what? _____

Have you had or do you have any of the following?

☐ Cancer ☐ Anemia ☐ Hernia ☐ Heart disease ☐ Stroke ☐ Arthritis ☐ Diabetes ☐ Asthma
☐ Paralysis ☐ Kidney disease ☐ Memory loss ☐ COPD ☐ Dialysis ☐ Tuberculosis ☐ Polio

Do you have long-term care insurance? _____ Benefit period: _____ Maximum Benefit: _____

Your daily benefit in Assisted Living _____ Your daily benefit in Skilled Nursing _____

Yearly Premium _____ Elimination Period _____ Annual Inflation Rate % _____

Confidential Financial Information

Assets	Applicant	Co-Applicant
Residence	\$ _____	\$ _____
Stocks	\$ _____	\$ _____
Bonds	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____
Annuities	\$ _____	\$ _____
Certificates of Deposit	\$ _____	\$ _____
Savings	\$ _____	\$ _____
Other Residences	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Liabilities	Applicant	Co-Applicant
Mortgage	\$ _____	\$ _____
Other Debt _____	\$ _____	\$ _____

Monthly Income	Applicant	Co-Applicant
Social Security	\$ _____	\$ _____
Applicant's Pension	\$ _____ (Applicant)	\$ _____ (Right of Survivorship-by %)
Co-Applicant's Pension	\$ _____ (Right of Survivorship-by %)	\$ _____ (Co-Applicant)
Other	\$ _____	\$ _____
Other	\$ _____	\$ _____

Notes:

Asset information:

We do not include any personal property (i.e. furniture or automobiles) in our calculations.

Monthly income information:

Our financial qualification program automatically computes rate of return on assets and monthly income based on that rate of return. You do not need to include IRA distributions or income earned from any listed assets.

Email downloaded application here!