

## 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 % \_\_\_\_\_

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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

<b>Assets</b>	<b>Applicant</b>	<b>Co-Applicant</b>
Residence	\$ _____	\$ _____
Stocks	\$ _____	\$ _____
Bonds	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____
Annuities	\$ _____	\$ _____
Certificates of Deposit	\$ _____	\$ _____
Savings	\$ _____	\$ _____
Other Residences	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
 <b>Liabilities</b>	 <b>Applicant</b>	 <b>Co-Applicant</b>
Mortgage	\$ _____	\$ _____
Other Debt_____	\$ _____	\$ _____
 <b>Monthly Income</b>	 <b>Applicant</b>	 <b>Co-Applicant</b>
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!**