



## **RETIREMENT LIVING APPLICATION**

***(PLEASE USE BLACK OR BLUE INK WHEN COMPLETING THIS FORM)***

<b>APPLICANT PERSONAL INFORMATION</b>			
Applicant's last name:	First:	Middle:	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms
Marital Status (circle one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Street address:	City:	State:	Zip code:
Phone number(s): Home :	Date of Birth:	Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list branch:	
Cell :	Email :		
Do you have a Living Will? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Masonic Affiliation if Applicable:			
Lodge/Chapter Name and Number if Applicable:			
Educational Background:			
# of years:		Degrees:	
Past Occupation			
I/We currently reside in a:              ___ Private Home              ___ Apartment              ___ Condo              ___ Other(Specify)_____			
<b>SECOND PERSON INFORMATION</b>			
Applicant's last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms
Marital Status (circle one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Street address:	City:	State:	Zip code:
Phone number(s): Home :	Date of Birth:	Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list branch:	
Cell :	Email :		



### EMERGENCY CONTACTS

The individuals listed below should be the person(s) you have designated as POA or medical decision person. ***These persons will be contacted in the order that they are listed until one of these individuals is contacted.*** If their name and address is listed above, only the name need be completed.

In the case of serious illness or death, I desire the following persons to be notified:

<b>1.</b> Full name:	Relationship:
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Address:
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City:	State:	Zip code:
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Home phone #:	Work #:	Cell #:	Email:
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<b>2.</b> Full name:	Relationship:
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Address:
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City:	State:	Zip code:
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Home phone #:	Work #:	Cell #:	Email:
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### FINANCIAL SECTION

#### MONTHLY INCOME

Social Security Applicant #1	\$
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Social Security Applicant #2	\$
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Dividends:	\$
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Interest:	\$
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Rental Income:	\$
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Mortgage Income:	\$
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Pension:	\$
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Trust Income:	\$
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401 K	\$
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IRA	\$
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Salary/Other Income:	\$
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<b>TOTAL REGULAR MONTHLY INCOME:</b>	\$
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#### CAPITAL ASSETS

**If more than one account, please list total balance of all accounts**

Cash (Savings & Checking):	\$
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Certificates of Deposit:	\$
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Stocks & Bonds:	\$
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401(k)/IRA:	\$
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Home (Attach Realtor Letter):	\$
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Other Real Estate:	\$
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Other:	\$
<b>TOTAL CAPITAL ASSETS:</b>	\$
<b>LIFE INSURANCE</b>	
Cash Value:	\$
Cash Value:	\$
Cash Value:	\$
<b>LIABILITIES</b>	
<input type="checkbox"/> None	
Car Loan Balance/s:	\$
Mortgage Balance:	\$
Notes Payable:	\$
Notes Endorsed:	\$
Other Liabilities: (Describe)	\$
<b>TOTAL LIABILITIES:</b>	\$
<b>I hereby declare that all of the foregoing statements given by me are true to the best of my knowledge. Additionally, I/We are able to meet the requirements of tenancy for Retirement Living.</b>	
<b>Applicant's Signature:</b>	<b>Date:</b>
<b>Applicant's Signature:</b>	<b>Date:</b>

<b>TRANSFERS/GIFTS/SALES</b>			
Within the past five years immediately preceding the date of this application, have you transferred or disposed of, by gift: any interest in real estate, automobiles, bank accounts, bonds, life insurance, stock, personal property or other assets for less than fair market value? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the appropriate documentation below:			
<u>Date</u>	<u>Fair Market Value</u>	<u>Recipient</u>	<u>Description of assets</u>

## FUNERAL ARRANGEMENTS

We currently have no preplanned funeral arrangements

Funeral Home:

Phone #:

Address:

I request:  Burial  Cremation  Other:

Have you pre-paid your funeral expenses?  Yes  No

If yes, who holds the funds?

Amount: \$

Is the account irrevocable?  Yes  No

Cemetery Name & Address:

## EQUAL HOUSING OPPORTUNITY STATEMENT

Masonic Village at Burlington is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, sexual orientation, familial status, or national origin.

## NOTICE

Decisions concerning admission, the provision of services, and referrals of residents are not based on the applicant's race, color, religion, disability, sexual orientation, ancestry, national origin, familial status, age, sex or any other protected status.

**Exhibit A**

The monthly fee will include:

- A variety of meal plans to suit your lifestyle
- Twice monthly housekeeping
- Maintenance of furnished appliances
- Necessary maintenance and repairs in residences
- Heating/air conditioning
- Water, sewer and electric
- Property taxes
- Trash removal
- Snow removal
- Security
- Housekeeping of common areas
- Grounds maintenance
- Scheduled transportation
- Use of campus amenities
- Recreational opportunities including walking paths, gardening plots, wellness center, putting green and outdoor pavilion

Applicant's signature represents complete understanding and acceptance of services included in the monthly fee.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_