

Independent Living Application for Residency

Sugar Hill

Senior Living Community

Applicant's Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Telephone: _____ E-mail address: _____

Birth Date: _____ Birth Place: _____ Gender: Male ___ Female ___

Social Security: _____ Do you own an automobile? Yes ___ No ___

Healthcare Information:

Physician's Name: _____

Address: _____ Telephone: _____

When was your last visit? _____

Do you use an assistance such as a cane, walker or wheelchair? Yes ___ No ___

Do you require an electric chair lift? Yes ___ No ___

Insurance Information:

Please list all of your medical insurance coverage, including Medicaid and supplemental insurance: _____

Do you have long term-care insurance? Yes ___ No ___

If yes, what is the name of your long-term care insurance company? _____

Financial Information:

Employment Income: \$ _____ per month
Social Security Income: \$ _____ per month
Employer Pension: \$ _____ per month
Interest & Dividend Income: \$ _____ per month
Annuity Income: \$ _____ per month
Other: \$ _____ per month
\$ _____ per month
Total Monthly Income: \$ _____ per month

Total assets/savings? _____

What is the approximate value of your home? _____

Have you transferred any cash/assets in the past five years? (If yes, please explain).

I understand this application is not a contract for residency. Nothing contained in this document is legally binding and I agree that all the enclosed statements are true.

Signature of Applicant

Date