NAME: _____

MARIA CENTER INDEPENDENT LIVING APARTMENTS

APPLICATION FOR RESIDENCY AND FINANCIAL DISCLOSURE

Return completed application to:

Maria Center Director
PO Box 1
Donaldson, Indiana 46513

APPLICATION FOR RESIDENCY

All questions contained in this questionnaire are strictly confidential

Please complete this form (print or type) and return it as soon as possible.
If more than one person is to occupy an apartment, each applicant must complete an application.

Name: _____
Last First Middle

Address: _____
Address or PO Box # City & State Zip Code

Telephone #: _____ **Cell Phone #:** _____

E-mail Address: _____

Date of Birth: _____/ _____/ _____ **Social Security #:** _____

Sex: ___Female ___Male **Status:** ___ Single ___ Married ___ Widowed
___ Separated ___Divorced

Spouse's name: _____

Childrens' names (living and deceased): _____

_____

Church affiliation and denomination: (optional) _____

Work/Profession(s) in which you have been engaged: _____

_____

Interests and hobbies: _____

_____

catherine kasper life center

FINANCIAL DISCLOSURE STATEMENT

Name: _____

(Must be completed for each individual applying for residency; joint holdings must be so noted.)

REGULAR MONTHLY INCOME		
	1st Person	**2nd Person**
Social Security	$	$
Pension *	$	$
Dividends	$	$
Interest	$	$
Mortgage/Rental Income	$	$
IRA Income	$	$
Trust Income	$	$
Other Monthly Income	$	$
Total Monthly Income	**$**	**$**

REGULAR MONTHLY EXPENSES		
	1st Person	**2nd Person**
House Payment/Rent	$	$
Groceries	$	$
Utilities	$	$
Auto	$	$
Phone/Cable	$	$
Service Fees e.g. lawn/snow; housekeeping etc.	$	$
Medical/Prescriptions/OTC	$	$
Other	$	$
Total Monthly Expenses	**$**	**$**

*With regard to **monthly pension income** reflected, will the monthly payment be the same amount for the life of the other person listed (generally, the surviving spouse)? ____YES ____NO

If no, what will be the **monthly** payment after the death of the recipient listed? $ _____

Do you provide **financial support or care for any dependents** or other person? ____YES _____NO

ASSETS						
	1st Person	Is the asset security for a loan? Yes	No	2nd Person	Is the asset security for a loan? Yes	No
Cash *Savings & Checking	$			$		
CDs, Money Markets, etc.	$			$		
Stocks & Bonds	$			$		
IRAs, Annuities, etc.	$			$		
House (FMV)	$			$		
Other Real Estate (FMV)	$			$		
Trust Fund *indicate % beneficial int.	$			$		
Cash Surrender *Value of Life Insurance	$			$		
Other Assets (Describe Below:) _____ _____ _____ _____ _____ _____	$			$		
TOTAL ASSETS:	$			$		

Have you **gifted any money or property** within the last five years? ____YES _____NO

If yes, **describe the gifts and amounts.**_____

_____

Do you have **Long Term Care Insurance** or a **Healthcare Trust**? ____YES _____NO

Do you have **pre-paid funeral/burial arrangements?** ____YES _____NO

LIABILITIES		
	1st Person	2nd Person
Mortgage on Residence	$	$
Mortgage(s) on Other Real Estate	$	$
Other Bank Loans _____ _____ _____	 $ $ $	 $ $ $
Loans Against Cash Surrender _____ _____ _____	 $ $ $	 $ $ $
Other Liabilities (Notes Payable, etc.) _____ _____ _____	 $ $ $	 $ $ $
TOTAL LIABILITIES:	**$**	**$**

HAVE YOU GUARANTEED ANY DEBT OWED BY ANOTHER?

_____ YES _____ NO

Guarantor(s)	Debtor	Relation	Amount of Debt Guaranteed
			$
			$
			$

ATTACH A SIGNED COPY OF YOUR MOST RECENT INCOME TAX FILINGS.

I hereby declare that all statements made herein are complete and accurate according to my best knowledge and belief. I understand that any misrepresentations or falsifications, either prior to or following residency, may jeopardize my opportunity to reside at the Maria Center apartments, owned and operated by the Catherine Kasper Life Center, Inc.

In witness hereof, I have hereunto set my hand to this disclosure this _____ day of _____, _____.

Printed name of 1st Person | Signature of 1st Person

Printed name of 2nd Person | Signature of 2nd Person

CKLC respects Resident's right to privacy and safeguards the Resident's confidential personal information that is provided to CKLC on this form. Except as set forth below, CKLC will not disclose any confidential personal information it gathers from Resident. CKLC may release personal information to third parties to comply with valid legal requirements; such as a law, regulation, or court order, or in special cases, as for the Resident's own benefit or welfare. If CKLC is legally compelled to disclose such personal information to a third party, CKLC will notify Resident unless doing so would violate the law or court order. Under no circumstances does CKLC sell confidential personal information to third parties for marketing purposes. CKLC may disclose confidential personal information to our affiliates and agents. Any such personal information provided to our affiliates and agents will be treated by those affiliates and agents in the same confidential manner as set forth above.

HEALTH INSURANCE

Medicare Number:_____ **Medicare Part:** _____

Other Insurance: _____
Insurer Policy Number

Supplemental Insurance: _____
Insurer Policy Number

NOTE: *If your application is accepted you will be asked to provide copies of the following: Medicare Card, Insurance /Prescription Card, Living Will, Power of Attorney for Health Care and Power of Attorney for Business/Property.*

MEDICAL

Have you been under a doctor's care within the past year? YES NO
If yes, for what reason: _____

Do you have any physical limitations due to past illnesses/surgeries/injuries?
YES NO **If yes, please explain:** _____

Do you smoke ? YES NO **(**We are a smoke free environment)

Vision: ____ No Glasses needed ____ Good Vision with Glasses/Contacts
____ Impaired/Poor Vision

Hearing: ____ Good Hearing ____ Poor Hearing/Use Hearing Aids
____ Severe Hearing Loss

Walking: ____ No limitations _____ Use of cane _____ Walker
____ Rollator _____ Wheelchair

Medicine:____ Take own medications
____ Need assistance in setting up/taking medications

Do you have any allergies (medication/food/environmental)**? List.**

_____

Do you follow a special diet? Yes____ No____ **If yes, what type?** _____

Do you have a history of any of the following? _____ Cancer _____ Diabetes
_____Heart Disease _____Respiratory _____ High Blood Pressure _____ Depression

REFERENCES

Please provide (3) references.
Include your Power of Attorney as one of your references.

Name	Phone	Relationship

LIVING ACCOMMODATIONS

Have you ever lived in any other retirement facility or complex? Yes No

If yes, why did you leave? _____

What type of apartment would you like?
Efficiency Studio: Lg.____ Sm._____ One-bedroom_____ Two-Bedroom____

How much time would you need to move to Maria Center once contacted?

_____

To the best of my knowledge, the above statements are complete and true.

_____ _____
Applicant's Signature Date

CKLC respects Applicant's right to privacy and safeguards Applicant's confidential personal information Applicant provides CKLC in this Application. CKLC will not disclose any confidential personal information it gathers from Applicant. Under no circumstances does CKLC sell confidential personal information to any third parties for any reason.

For a complete application a Financial Disclosure Statement must be submitted.