

Application for Residency

Applicant Name _____

Your Application for Residency will be processed upon receipt of the three items listed below, and upon receipt we will reserve the apartment of your choice. Your apartment preference will be held until we have conducted a personal interview and evaluation, at which point your application will be approved.

If the apartment you prefer is not available when your application is approved, your name will be placed on a waiting list for the specific housing unit you desire. Names are listed in chronological order on the waiting list by the date the application was received. Preference is given to current residents on any waiting list. You will be notified if the apartment you have selected becomes available.

Once accepted for residency, you will be asked to sign a residency agreement and pay a community fee.

If you have any questions or concerns about this process, please contact administration at 870.932.8141. Be assured that all information furnished in this application will be held in strictest confidence, to be only used to determine eligibility.

It is our desire to ensure that your move to St. Bernards Village or St. Bernards Villa is a pleasant experience.

To be completed by St. Bernards Senior Housing staff:

Date of initial visit or inquiry: _____ Application confirmed as complete by: _____

Confirmed as appropriate for:

Independent Enhanced Independent Assisted 1 Assisted 2 Memory Care

Assessment completed by: _____

Personal History

Name: _____ Phone: _____

Address: _____

Date of Birth: _____ SS#: _____

Co-Applicant Name: _____

Date of Birth: _____ SS#: _____

I'd like my invoices sent to:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Health Information

Primary Care Physician: _____ Phone: _____

Clinic name/address: _____

Medicare #: _____

Emergency Contacts

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Available Accommodations

Assisted Living Level 1:

- Studio Apartment
- Studio Apartment with Bay Window
- Deluxe Studio Apartment
- Deluxe Studio w/ Bay Windows
- Corner Suite
- One Bedroom

Assisted Living Level 2:

- One Bedroom
- Two Bedroom, One Bath
- Two Bedroom, Two Bath
- Memory Care
- Memory Care Two Bedroom

Independent Living:

- One Bedroom
- One Bedroom w/ Double Bay window
- Deluxe One Bedroom
- Deluxe One Bedroom with Porch or Balcony
- Two Bedroom with Porch or Balcony
- Deluxe Two Bedroom
- Deluxe Two Bedroom with Porch Access

Single Occupancy **Double Occupancy***

*If Double Occupancy is requested, do you have a preferred roommate? If so, list here:

Roommate Preference: _____

Financial Statement

Liabilities

Amount Owed

Home Mortgage _____ \$ _____

Loan on Auto(s) _____ \$ _____

Other Loan(s) _____ \$ _____

TOTAL LIABILITIES \$ _____

Income Source

Monthly Income

Social Security _____ \$ _____

Pension(s) _____ \$ _____

Annuities _____ \$ _____

Investments _____ \$ _____

Other Income: (Source) _____ \$ _____

TOTAL INCOME \$ _____

x 12

ANNUALIZED INCOME \$ _____

The undersigned applicant(s) hereby certifies and/or agrees to the following:

- (1) The information provided in this application is complete and accurate,
- (2) should the application be accepted, the applicant will promptly sign all documents necessary to complete admission to
St. Bernards Village or St. Bernards Villa, and
- (3) should the applicant fail to comply with the applicable rules and regulations of either property, the applicant may be
promptly discharged from the property.

Applicant or Responsible Party: _____ Date _____

Co-Applicant or Responsible Party: _____ Date _____