



# Application for Residency

1. Name: a.) \_\_\_\_\_  
(Last) (First) (M.I.) (Birth Date)

Name: b.) \_\_\_\_\_  
(Last) (First) (M.I.) (Birth Date)

2. Address \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

3. Phone \_\_\_\_\_

4. Social Security # \_\_\_\_\_ Medicare # \_\_\_\_\_

Medicare supplement insurance policy number \_\_\_\_\_

Company \_\_\_\_\_

Note: HMO programs are not contracted with our Holly Center for sub-acute care.

5. Marital status \_\_\_\_\_

6. Person to notify in emergency \_\_\_\_\_

7. Power of attorney \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

(Please turn over)

8. Personal physician

Name a.) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name b.) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

9. Desired date of residency at Arbor Glen \_\_\_\_\_

10. Type of unit desired

Villa     Studio     One bedroom     One bedroom/deluxe

One bedroom/den     Two bedrooms     Two bedrooms/den

11. Do you plan to bring a car to Arbor Glen?

One car                       Two cars                       No car

Do you desire underground parking?                       Yes                       No

12. Do you plan to bring a pet to Arbor Glen?                       Yes                       No

Signed \_\_\_\_\_ Date \_\_\_\_\_



# Steps to Becoming a Resident

1. Obtain copy of the current Disclosure Statement.
  2. Complete and Sign:
    - Application for Residency\*
    - Personal Health History
    - Financial Statement
    - Resident Information Summary
    - Medical Release Form  
(Note: Arbor Glen will be sending a form to be completed by your physician)
- \* Accompanied by a \$500.00 application fee which will be applied towards your 10% deposit of your Entrance Fee. If you need to .cancel your application after you receive your acceptance letter and before payment of your 10% deposit or occupancy, your \$500.00 is retained by Arbor Glen as a processing fee. Your \$500.00 is always applicable to our Priority Wait List.*
3. When all forms are completed by you and returned to Arbor Glen, an appointment with Arbor Glen's medical review personnel and social worker is scheduled. This appointment is made through the Arbor Glen office.
  4. Upon financial and medical approval (within 30 days after submission of all the above), a 10% deposit of the Entrance Fee (less the \$500.00 processing fee) is due. Your Residence and Care Agreement is signed at this time, your unit selection is confirmed and entrance into Arbor Glen's Continuing Care program is guaranteed.
  5. The remaining 90% Entrance Fee payment is due on or before occupancy of your unit.

Interest earned on deposits, as described in steps 3, and 4, will accrue and be applied toward your Entrance Fee. Withdrawal from the community before occupancy forfeits the interest earned. An amount equal to 5% of the Entrance Fee is allowed to legally be used for operational expenses prior to your occupancy. This has no effect on the interest credited to step 4.

(Please turn over)

6. Plan your move-in with the support of the Arbor Glen staff.

*Within the time it takes to complete all the steps toward residency, you will be invited to meet staff and residents in formal and informal ways enabling you to get to know us and for us to get acquainted with you. Please direct any questions to our Sales/Marketing staff.*

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## Receipt

Received from \_\_\_\_\_

The sum of \_\_\_\_\_ dollars \$ \_\_\_\_\_

Unit Selected \_\_\_\_\_ Type \_\_\_\_\_

Location: \_\_\_\_\_

Plan \_\_\_\_\_ Entrance Fee \_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_

For Friends Retirement Concepts, Inc.