

Admission Requirements and Procedures

We're glad you're interested in residing at Knollwood Retirement Community!

To begin the process, you must submit a complete application. The application consists of general information and confidential financial information.

The procedures for admission are:

- Schedule a meeting with a Knollwood representative to discuss an approximate move in date, type of apartment preferred, services you need, and cost.
- Complete all three parts of application form.
- A Knollwood representative will review your application promptly and ask you for any additional information or clarification that is necessary.
- Complete the universal screening process with an area agency on aging office. This information is required for someone to live at a supportive living facility.
- You may qualify for assistance under the Medicaid and Food Stamp programs. Complete a separate application for these programs.
- A Knollwood representative will notify you when your application is approved and schedule another appointment to discuss your move and review legal and financial procedures and requirements.

General Application Information

Date _____

APPLICANT: _____

Full Name _____

Male Female Date of Birth _____ Social Security # _____

Head of Household or Relationship _____

MARITAL STATUS: Single Married Widowed Divorced Separated

EMERGENCY CONTACTS:

Name _____

Address _____

Relationship _____ Home Phone _____ Work Phone _____

Name _____

Address _____

Relationship _____ Home Phone _____ Work Phone _____

RESIDENCE HISTORY: (Provide information for last three years)

Current Address: Rent Own Living with Relative Other

Street _____

City _____ State _____ Zipcode _____

Date Lived There _____ Landlord's Name (if applicable) _____

Landlord Address _____ Landlord Phone # _____

Previous Address: Rent Own Living with Relative Other

Street _____

City _____ State _____ Zipcode _____

Date Lived There _____ Landlord's Name (if applicable) _____

Landlord Address _____ Landlord Phone # _____

OTHER INFORMATION:

YES NO Have you ever been evicted from an apartment for any reason?
If yes, explain _____

YES NO Do expect any additions to the household within the next 12 months?
If yes, explain _____

YES NO Have you ever been convicted of a felony?
If yes, explain _____

YES NO Will you or anyone in your household require a live-in care attendant?

YES NO Are you now or planning to be a full-time student within the next year?
This may affect your eligibility.

PERSONAL REFERENCES:

Name _____

Address _____

Phone _____ Relationship _____ Years Known _____

Name _____

Address _____

Phone _____ Relationship _____ Years Known _____

VEHICLES: IF YOU PLAN TO HAVE AN AUTOMOBILE AT KNOLLWOOD, PLEASE NOTE

Make _____ Model _____ Year _____

License Plate# _____ State of Issuance _____

Make _____ Model _____ Year _____

License Plate# _____ State of Issuance _____

Confidential Financial Information

Applicant's Name(s) _____

YES NO Are you or your spouse (if applicable) claiming ZERO INCOME?

YES NO Do you or your spouse (if applicable) have a safe deposit box?

If yes, monetary value of contents: _____

YES NO Have you or your spouse ever filed for bankruptcy? If yes, explain:

YES NO Does anyone have Financial Power of Attorney for you?

If yes, name of person: _____

Relationship: _____

YES NO Is a copy of Financial Power of Attorney available to be placed on file at Knollwood?

YES NO Cash on Hand? If yes, amount: _____

YES NO Life insurance policy? Whole Universal Life Term

Applicant or Spouse

Face Value: _____

Insurance Company: _____

Address: _____

Phone: _____ Fax: _____

Policy Number: _____

Applicant or Spouse

Face Value: _____

Insurance Company:

Address: _____

Phone: _____ Fax: _____

Policy Number: _____

INCOME:

Yes NO Self-Employed If yes, applicant or spouse? (check answer)

Applicant or Spouse
Employer: _____

Work Address: _____

Employer Phone Number: _____

Wages/Salary Amount: \$ _____

Weekly Every 2 weeks

Applicant or Spouse
Employer: _____

Work Address: _____

Employer Phone Number: _____

Wages/Salary Amount: \$ _____

Weekly Every 2 weeks Twice a month Monthly Other

Tips Amount: \$ _____ Bonuses Amount: \$ _____

PLEASE PROVIDE COPY OF MOST CURRENT FEDERAL INCOME TAX FORM.

WORKERS' COMPENSATION UNEMPLOYMENT BENEFITS PUBLIC ASSISTANCE

Applicant or Spouse

Amount: \$ _____

Source: _____

Address: _____

Telephone: _____ Account#: _____

ALIMONY AWARDED BY COURT: Applicant or Spouse

Amount: \$ _____

Source: _____

Address: _____

Telephone: _____

CASH CONTRIBUTIONS OR GIFTS on an ongoing basis from persons not living with you:

Applicant or Spouse

Amount: \$ _____

Gift Giver: _____

Address: _____

Telephone: _____

SOCIAL SECURITY OR SSI PAYMENTS - APPLICANT:

Amount: \$ _____
Source: _____
Address: _____
Telephone: _____

SOCIAL SECURITY OR SSI PAYMENTS - SPOUSE:

Amount: \$ _____
Source: _____
Address: _____
Telephone: _____

Please provide copy of award statements from the Social Security Administration.

Note whether applicant, spouse or both for each item.

DISABILITY OR DEATH BENEFITS OTHER THAN SOCIAL SECURITY:

Applicant Spouse Both

Amount: \$ _____
Source: _____
Address: _____
Telephone: _____

PENSIONS, RETIREMENT BENEFITS OTHER THAN SOCIAL SECURITY:

Applicant Spouse Both

Amount: \$ _____
Source: _____
Address: _____
Telephone: _____

MILITARY ACTIVE DUTY ALLOWANCE/GI BILL BENEFITS:

Applicant Spouse Both

Amount: \$ _____
Source: _____
Address: _____
Telephone: _____

VETERANS ADMINISTRATION BENEFITS:

Applicant Spouse Both

Amount: \$ _____
Source: _____
Address: _____
Telephone: _____

LONG-TERM CARE INSURANCE PAYMENTS: Applicant Spouse Both

Amount: \$ _____

Source: _____

Address: _____

Telephone: _____ Account#: _____

PERIODIC PAYMENTS FROM LOTTERY WINNINGS, SETTLEMENTS/SEVERANCE:

Applicant Spouse Both

Amount:\$ _____

Source: _____

Address: _____

Telephone: _____ Account #: _____

INCOME FROM RENTAL OF REAL ESTATE/REAL PROPERTY:

Applicant Spouse Both

Amount: \$ _____

Source: _____

Address: _____

Telephone: _____ Account #: _____

INCOME FROM LAND CONTRACTS: Applicant Spouse Both

Amount: \$ _____

Source: _____

Address: _____

Telephone: _____ Account #: _____

GAMING PAYMENTS AS A MEMBER OF A NATIVE AMERICAN TRIBE:

Applicant Spouse Both

Amount: \$ _____

Source: _____

Address: _____

Telephone: _____ Account#: _____

INCOME FROM SOURCES NOT LISTED ABOVE: Applicant Spouse Both

Amount: \$ _____

Source: _____

Address: _____

Telephone: _____ Account#: _____

TRUST ACCOUNT: Revocable Irrevocable Applicant Spouse Both

Value: \$ _____

Income Received _____

Account #: _____

ASSET INFORMATION: - Indicate whether applicant, spouse or both

CHECKING ACCOUNT

Applicant Spouse Joint

Bank: _____

Address: _____

Telephone: _____ Account#: _____

Bank: _____

Address: _____

Telephone: _____ Account#: _____

SAVINGS ACCOUNT:

Applicant Spouse Joint

Bank: _____

Address: _____

Telephone: _____ Account#: _____

Bank: _____

Address: _____

Telephone: _____ Account#: _____

CERTIFICATE OF DEPOSIT ACCOUNT:

Applicant Spouse Joint

Bank: _____

Address: _____

Telephone: _____ Account #. _____

IRAs IKEOGHS/OTHER RETIREMENT ACCOUNTS:

Applicant Spouse Joint

Institution: _____

Address: _____

Telephone: _____ Account#. _____

SECURITIES (Stocks, Bonds, Mutual Funds, Money Market):

Applicant Spouse Joint

Company: _____

Address: _____

Telephone: _____ Account #. _____

Total Value: _____

SAVINGS BONDS/TREASURY BILLS:

Applicant Spouse Joint

PLEASE PROVIDE COPIES

Type of Bond: _____ How many _____ EE How many _____ H How many _____

PERSONAL PROPERTY HELD AS AN INVESTMENT:

Includes collections, art work, show cars, antiques

Type of Collection: _____

Value: _____

REAL ESTATE OR MOBILE HOME: Please provide 3rd party verification of value

Includes your residence, vacation home, commercial property, vacant land, farms

Address: _____

Value: _____ Mortgage Amount: _____

Selling Not Selling Going to Rent/Renting

LUMP SUM RECEIPTS: (Inheritance, Capital gains, Lottery, Settlements)

Amount: \$ _____

Source: _____

Address: _____

Telephone: _____

OTHER ASSETS NOT LISTED ABOVE:

Type: _____

Value: _____

Yes No I (We) have joint ownership of one or more of the above assets with a person who does not reside with me (us).

Please designate which ones have joint ownership with an asterisk (*)

Yes No I (We) have sold, given away or otherwise transferred ownership of assets within the last two years for LESS THAN FAIR MARKET VALUE.

If yes, please list items and date sold.

Item: _____ Date Sold, Given or Transferred: _____

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Item: _____ Date Sold, Given or Transferredd: _____

All completed items will be verified through the appropriate third party source.

This application is not a rental agreement, contract or lease. All applications are subject to the approval of the owner or managing agent.

I (we) certify under penalty of perjury that the information and statements provided above are true and complete to the best of my (our) knowledge. I (we) consent to disclose this information in order to determine eligibility for supported living housing at Knollwood Retirement Center. I (we) understand that providing false information may be grounds for denial of this application and may subject me (us) to criminal penalties.

I (we) give consent and authorization to have management verify the information contained in this application for the purpose of approving my (our) credit for occupancy. I (we) will provide all necessary information to expedite this process. I (we) understand that my (our) occupancy is contingent on meeting management's resident selection criteria and the Low Income Housing Tax Credit Program guidelines. I (we) understand and agree that inquiries may include information related to credit, employment, rental and criminal records. I (we) further agree that verification of all information and references regarding sources of income and assets may be conducted and I (we) release all participants for any liability of disclosing factual information obtained by management. I (we) understand and agree that a photocopy or FAX of this authorization can be used in lieu of an original.

_____	_____
Applicant	Date
_____	_____
Applicant	Date
_____	_____
Power of Attorney	Date
_____	_____
Knollwood Representative	Date