



NEW GLARUS HOME

A RETIREMENT COMMUNITY

Application for Residency

APPLICATION FOR:

Ready List - Given availability of the right apartment home/suite, I would be ready within 60 days

Wait List - I'm not quite ready to move to New Glarus Home, Inc and New Glarus Home Managed Communities, but I am planning for my future

NEW GLARUS COMMUNITY

All Inclusive Independent Living

CCRC Lease Homes

Senior Apartments

Assisted Living

Memory Care

Advanced Assisted Living

MONROE COMMUNITY

All Inclusive Independent Living

Senior Apartments

Assisted Living

Advanced Assisted Living

Apartment Home style preference (if applicable) _____

APPLICANT #1

APPLICANT #2

Legal Last Name	_____	_____
Legal First Name	_____	_____
Legal Middle Name	_____	_____
Preferred Name	_____	_____
Street Address	_____	_____
City, State, Zip	_____	_____
Telephone - Home	_____	_____
Cell/Work	_____	_____
Email	_____	_____
Gender	Male Female	Male Female
Marital Status	_____	_____
Birth Date	_____	_____
Current Age	_____	_____

MORE INFORMATION:

APPLICANT #1

APPLICANT #2

Former/Current Occupation

Birthplace

Veteran

Yes No

Yes No

Religion

Church Name

Address/City

CONTACT INFORMATION:

APPLICANT #1

APPLICANT #2

Will applicant be handling his/her own financial matters at New Glarus Home, Inc. ?

Yes No

Yes No

If not, please identify the responsible party *(Please provide copy of Financial Power of Attorney)*

Name

Address

City, State, Zip

Telephone

Relationship to Applicant

E-mail

EMERGENCY CONTACT #1

Name

Address

City, State, Zip

Telephone

Relationship to Applicant

E-mail

EMERGENCY CONTACT #2

Name

Address

City, State, Zip

Telephone

Relationship to Applicant

E-mail

FINANCIAL INFORMATION:

We review the following information to evaluate your financial ability to pay for cost of living and possible future care at New Glarus Home, Inc. + Affiliates. This information is kept confidential but is subject to verification. Incomplete information will delay the processing of your application. **All items listed on this page will be considered available to pay for the cost of services and health care at New Glarus Home, Inc. Please provide copy of your most recent tax return (1040) with this application for verification purposes.**

Joint column only to be used for items not specific to either applicant

Monthly Income	APPLICANT #1	APPLICANT #2	OR	JOINT
Social Security	\$ _____	\$ _____	\$	N/A
Pension	\$ _____	\$ _____	\$	N/A
Annuities	\$ _____	\$ _____	\$	_____
Other _____	\$ _____	\$ _____	\$	_____

Assets	APPLICANT #1	APPLICANT #2	OR	JOINT
Cash (savings/checking)	\$ _____	\$ _____	\$	_____
Primary Residence (if owned)	\$ _____	\$ _____	\$	_____
Other Real Estate	\$ _____	\$ _____	\$	_____
Stocks/Equity Funds	\$ _____	\$ _____	\$	_____
Monthly Investment Income	\$ _____	\$ _____	\$	_____
IRA/401K	\$ _____	\$ _____	\$	_____
Monthly Investment Income	\$ _____	\$ _____	\$	_____
Bonds/Bond funds	\$ _____	\$ _____	\$	_____
Monthly Investment Income	\$ _____	\$ _____	\$	_____
Trust Assets (if in applicant name)	\$ _____	\$ _____	\$	_____
Trust Fund Monthly Income	\$ _____	\$ _____	\$	_____
Life Insurance (current cash value)	\$ _____	\$ _____	\$	_____

Liabilities

Mortgage(s) \$ _____

Other obligations (Please describe) \$ _____

Have you transferred money or made a significant financial gift (greater than \$5,000) to anyone in the past five years? Please describe:

Long Term Care Insurance

APPLICANT #1

APPLICANT #2

Provider

Benefit Period (lifetime or years)

Elimination Period (days)

Assisted Living Daily Benefit

Skilled Nursing Daily Benefit

Inflation Adjusted (yes or no)

Yes No

Yes No

If yes, indicate percentage

Annual Premium

\$ _____

\$ _____

HEALTH CARE INFORMATION:

APPLICANT #1

APPLICANT #2

Physician

Clinic Name

Address / City

Phone

Fax

Dentist

Clinic Name

Phone

Current Pharmacy

Hospital Preference

Funeral Home

Address / City

Phone

Social Security Number

Medicare Insurance Card*

Health Insurance Card*

Prescription Drug Coverage Card*

(if different from Health Insurance)

Have you created the following documents?

Power of Attorney-Healthcare*

Yes No

Yes No

Financial Power of Attorney*

Yes No

Yes No

*Copies of these documents/cards with your application for independent living are greatly appreciated. Copies are required with your application for assisted living and memory care.

In completing this application, I am aware that

1. The information and financial data in this application will be used to determine eligibility for admission to New Glarus Home, Inc. + Affiliates.
2. New Glarus Home, Inc. + Affiliates will rely upon and is entitled to rely upon the accuracy of my statements.
3. I may be requested to update this application when New Glarus Home, Inc. considers it appropriate.

Do you authorize New Glarus Home, Inc. + Affiliates to conduct a criminal background check of applicant(s)?

Yes No

Do you authorize New Glarus Home, Inc. + Affiliates to conduct a registered sex offender check of applicant(s)?

Yes No

Do you authorize New Glarus Home, Inc. + Affiliates to conduct a credit check?

Yes No

Please note that if you do not allow New Glarus Home, Inc. + Affiliates to conduct a criminal background check, registered sex offender check and credit check, we are unable to process your application.

I declare that the information given in this application is true, full and complete. I give my permission to verify information contained in this application with my doctors, pharmacists and financial advisors.

Signature of applicant _____ Date _____

Signature of second applicant _____ Date _____

Signature of preparer if other than applicant _____ Date _____

Capacity of signer: Self Spouse Guardian POA-Financial HCPOA

Fees:

**Please include refundable application fee of \$1,000 for independent living.
Please include an application fee of \$150.00 for assisted living, extended care, memory care and skilled nursing.**

NEW GLARUS HOME, INC. + AFFILIATES reserves the right to accept or reject any applicant for admission. Guidelines for acceptance and participation in New Glarus Home, Inc. + Affiliates programs are the same for everyone without regard to race, sex, religion, color, sexual orientation, national origin or ancestry, age, disability, marital status or physical appearance, or any other basis prohibited by local, state or federal laws, rules or regulations. New Glarus Home, Inc. is an Equal Housing Opportunity community which adheres to all state and federal fair housing laws. New Glarus Home, Inc. is a smoke-free community.

Received by: _____

Date: _____

Deposit received: _____

Check number: _____

