



Residency Qualifying Pre-App

Name _____

(Mr./ Mrs./ Miss)

Last

First

Home Address _____ Rent _____ Own _____

Phone _____ Email address _____

Your age _____ Your birthdate _____ Are you a Veteran or Veteran's dependent? yes _____ no _____

Marital status _____ If couple, second person's name _____

Insurance (yes/no)

_____ Medicare _____ Medical Assistance

_____ Medicare Advantage Plan: if yes, provider _____

_____ Medicare Supplemental Insurance: if yes, provider _____

_____ Prescription drug plan (or Medicare Part D): if yes, provider _____

_____ Private health insurance: if yes, provider _____

_____ Long term care insurance: if yes, provider _____

Monthly Income

Social Security \$ _____

Pension(s) _____

Annuity distributions _____

IRA distributions _____

Interest/dividends _____

Other _____

Assets

Checking/savings accounts \$ _____

Stocks/bonds _____

Annuities _____

IRAs _____

Life insurance (cash value) _____

Your home _____

Other real estate _____

Other assets _____

For Office use only: NOTES/PREFERENCES

___ IL

___ IL Expansion

___ AL

___ SNF

Liabilities

Home mortgage \$ _____

Credit cards _____

Line of credit _____

Other debt _____

I certify that the assets listed above will be available for use toward future living expenses at Evergreen.

Any misrepresentations could result in termination of the Residency Agreement.

All information in this application is the truth to the best of my knowledge.

Signature _____ Date _____

If not prospect, relationship _____ and phone _____