

**APPLICATION FOR LAKEWOOD VILLAGE  
INDEPENDENT LIVING APARTMENTS**

DATE	APPLICATION FEE
RECEIVED BY	DATE

**UPON COMPLETION OF THIS APPLICATION (BOTH FRONT AND BACK) THE APPLICANT WILL BE PUT ON THE WAITING LIST**

NAME (FIRST, MIDDLE, LAST)			DATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX
ADDRESS			PLACE OF BIRTH	TELEPHONE NUMBER	
CITY	STATE	ZIP	MARITAL STATUS <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> S <input type="checkbox"/> D		SPOUSE'S NAME

**FAMILY RELATIONS (LIST EACH SON AND DAUGHTER)**

NAME	ADDRESS	CITY,	STATE,	ZIP	TELEPHONE NUMBER NIGHT AND DAY
FORMER BUSINESS OR PROFESSION			FORMER OCCUPATION OF YOUR SPOUSE		

PHYSICIAN:	TELEPHONE NUMBER:
ADDRESS:	
PHARMACY PREFERENCE:	TELEPHONE NUMBER:
MEDICARE/MEDICAID #	
IN CASE OF EMERGENCY CALL:(NAME)	RELATIONSHIP:
ADDRESS:	CITY:
HOME TELEPHONE NUMBER:	WORK TELEPHONE NUMBER:

CHURCH MEMBERSHIP

SPECIAL INTERESTS

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APPLICATION SUBMITTED	<input type="checkbox"/> FOR IMMEDIATE OCCUPANCY <input type="checkbox"/> FOR FUTURE OCCUPANCY
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TYPE OF ACCOMODATIONS DESIRED (YOU MAY BE ON MORETHAN ONE LIST)

<input type="checkbox"/> EFFICIENCY NORTH	<input type="checkbox"/> 1 BEDROOM A	<input type="checkbox"/> 2 BEDROOM B	<input type="checkbox"/> 2 BEDROOM EXPANDED
<input type="checkbox"/> EFFICIENCY WEST	<input type="checkbox"/> 1 BEDROOM B	<input type="checkbox"/> 2 BEDROOM C	<input type="checkbox"/> 2 BEDROOM DEN
<input type="checkbox"/> 1 BEDROOM E	<input type="checkbox"/> 2 BEDROOM A	<input type="checkbox"/> 2 BEDROOM D	

I/WE understand the following restrictions/regulations and will abide by them should I/We rent an apartment.

- 1) No additions/alterations will made to the inside of outside of the apartment without the permission of the management.
- 2) No on may live in the apartment except the person or persons to whom the apartment was rented without permission of the management.
- 3) Lakewood Village apartments are for individuals who are able to live independently. Services such as personal or medication assistance are **not** included in the rental fee. Should I need additional services such as these to function in an apartment type setting, I or my family will make these arrangements and also notify management as such. Lakewood Village offers a continuum of care and should a need arise for a higher level of care, we will be given priority for admittance in our Personal Care Apartments, or Health Care Center, based on needs and availability.
- 4) Rent will be paid on the first of every month in advance.
- 5) Should the auditorium or multi-purpose room be used for personal use, I agree to leave it in good condition and will report any equipment that needs repair to the apartment manager.
- 6) Lakewood Village is non-smoking for both residents and their guests.

I agree that in consideration of my admission to Lakewood Village, I will at all times faithfully observe and abide by all the rules and regulations of Christian Care Centers, Inc. in every particular as they are now in force or hereafter be changed, and regulations, as they may from time to time be constituted shall be and remain a part of this agreement to the same extent as though fully set forth herein, and that all of the statements in this application are full, true and correct.

Signature:	
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Note:	<ol style="list-style-type: none"> <li>1) WHEN THIS COMPLETED APPLICATION PLUS \$40 APPLICATION FEE ARE RECEIVED BY CHRISTIAN CARE CENTER, YOU WILL BE PLACED ON THE APPROPRIATE WAITING LIST.</li> <li>2) WHEN ACCEPTED BY CHRISTIAN CARE CENTERS, INC. THIS APPLICATION WILL BE ATTACHED TO A BECOME A PART OF THE RESIDENT AGREEMENT.</li> </ol>
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## Lakewood Village Retirement Community Financial Disclosure

**Applicant's Name:** \_\_\_\_\_

**Assets:**

Cash and Savings \$ \_\_\_\_\_  
(CD's, Checking & Money Market Accts)

Marketable Securities \$ \_\_\_\_\_  
(Stocks, Bonds)

IRA's and Annuities \$ \_\_\_\_\_

Real Estate (home) \$ \_\_\_\_\_

Trust Funds \$ \_\_\_\_\_

Other Assets \$ \_\_\_\_\_

**Total Assets** \$ \_\_\_\_\_

**Liabilities:**

Mortgages \$ \_\_\_\_\_

Notes Payable \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Other Liabilities \$ \_\_\_\_\_

**Total Liabilities** \$ \_\_\_\_\_

**Net Worth** \$ \_\_\_\_\_ (Total Assets – Total Liabilities = Net Worth)

**Annual Income:**

(Applicant)

(Spouse)

Social Security \$ \_\_\_\_\_

\$ \_\_\_\_\_

Pension \$ \_\_\_\_\_

\$ \_\_\_\_\_

Dividends & Mortgage Income \$ \_\_\_\_\_

\$ \_\_\_\_\_

Rental/Mortgage Income \$ \_\_\_\_\_

\$ \_\_\_\_\_

IRA Income \$ \_\_\_\_\_

\$ \_\_\_\_\_

Trust Income \$ \_\_\_\_\_

\$ \_\_\_\_\_

Other Sources of Income \$ \_\_\_\_\_

\$ \_\_\_\_\_

**Total Annual Income** \$ \_\_\_\_\_

\$ \_\_\_\_\_

**Combined Annual Income** \$ \_\_\_\_\_

Are any of your assets security for a loan or liabilities?  Yes  No

Have you guaranteed/promised any debt owned by another with your assets or income?  Yes  No

Have you promised any individual or organization a portion of your assets or income?  Yes  No

**Financial Disclosure Acknowledgement**

I hereby declare that all financial statements made herein are true and correct according to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant & Date

\_\_\_\_\_  
Signature of Spouse or Responsible Party & Date

I decline to disclose my current financial information. By doing so I am stating that I have the financial resources necessary to sustain the services I am applying for. By declining to disclose I am disqualifying myself from consideration for any future financial assistance.

\_\_\_\_\_  
Signature of Applicant & Date

\_\_\_\_\_  
Signature of Spouse or Responsible Party & Date