



**Green Hills Community**

6555 US 68 South  
West Liberty, Ohio 43357  
Phone (937) 465-5065

<b>FOR OFFICE USE ONLY</b>	
Date Received	_____
Time Received	_____
<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected <input type="checkbox"/> Declined
Date _____	Initials _____



## APPLICATION – INDEPENDENT LIVING HOMES

### GENERAL INFORMATION

Please prepare the application in **INK**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Marital Status: \_\_\_ Married \_\_\_ Single \_\_\_ Widow \_\_\_ Widower

Occupation \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_

List your family.

1) \_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_ Address

2) \_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_ Address

3) \_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_ Address

4) \_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_ Address

Are you enrolled in the Medicare Program?  Yes  No

If so, complete lines below:

Part A  Part B  Medicare Number \_\_\_\_\_

Do you have Medicare supplemental insurance?  Yes  No

Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Do you have any other health insurance?  Yes  No

Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Describe the type of coverage. \_\_\_\_\_

Have you executed a Durable Power of Attorney for Health Care? \_\_\_\_\_

Have you executed a Living Will? \_\_\_\_\_ If so, provide a copy of each.

In the event that you become incapacitated and a guardian must be appointed, do you have a preference as to who should be appointed?

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Address

**CO - APPLICANT INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Occupation \_\_\_\_\_

Are you enrolled in the Medicare Program?  Yes  No  
If so, complete lines below:

Part A  Part B  Medicare Number \_\_\_\_\_

Do you have Medicare supplemental insurance?  Yes  No

Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Do you have any other health insurance?  Yes  No

Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Describe the type of coverage. \_\_\_\_\_

Have you executed a Durable Power of Attorney for Health Care? \_\_\_\_\_

Have you executed a Living Will? \_\_\_\_\_ If so, provide a copy of each.

In the event that you become incapacitated and a guardian must be appointed, do you have a preference as to who should be appointed?

Name	Relationship	Phone

List three personal references (not relatives):

1) \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address

2) \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address

3) \_\_\_\_\_  
Name Phone

\_\_\_\_\_

Please designate the person responsible to handle the final disposition of your furniture and possessions in the event of your death.

\_\_\_\_\_ Name Phone

\_\_\_\_\_

**HOUSING PREFERENCE:**

- |                   |  |  |  |
|-------------------|--|--|--|
| Type of home..... | <input type="checkbox"/> Woodside Home | <input type="checkbox"/> Garden Home         | <input type="checkbox"/> Sunrise Home  |
| Size of home..... | <input type="checkbox"/> One bedroom   | <input type="checkbox"/> Two bedroom         | <input type="checkbox"/> Three bedroom |
|                   | <input type="checkbox"/> One bath      | <input type="checkbox"/> One and a half bath | <input type="checkbox"/> Two bath      |

List the approximate date residency is desired. \_\_\_\_\_

**FINANCIAL DISCLOSURE STATEMENT*****Please submit copies of the last three years of federal income tax returns.*****MONTHLY INCOME**

	Applicant	Co- Applicant	Combined Monthly Income
Social Security	\$ _____	\$ _____	\$ _____
Pension _____	\$ _____	\$ _____	\$ _____
Pension _____	\$ _____	\$ _____	\$ _____
Income from Savings	\$ _____	\$ _____	\$ _____
Income for Investments	\$ _____	\$ _____	\$ _____
Other (specify) _____	\$ _____	\$ _____	\$ _____
<b>TOTAL MONTHLY INCOME</b>			<b>\$ _____</b>

**ASSETS**

	Value	
Checking (bank - _____)	\$ _____	
Savings / CDs (bank - _____)	\$ _____	
Savings / CDs (bank - _____)	\$ _____	
Savings / CDs (bank - _____)	\$ _____	
Stocks, Bonds, etc. (broker - _____)	\$ _____	
Notes receivable (from _____)	\$ _____	
Life Insurance (company _____)	\$ _____	
Automobile (make/model - _____)	\$ _____	
Automobile (make/model - _____)	\$ _____	
Real Estate (location - _____)	\$ _____	
Real Estate (location - _____)	\$ _____	
Other (specify _____)	\$ _____	
<b>TOTAL ASSET VALUE</b>		<b>\$ _____</b>

**MONTHLY EXPENSES/LIABILITIES**

Monthly Payment

Insurance Premiums \$ \_\_\_\_\_

Medications \$ \_\_\_\_\_

Physician Fees \$ \_\_\_\_\_

Balance Owed

Credit Cards \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Credit Cards \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Loan (owed to \_\_\_\_\_) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Loan (owed to \_\_\_\_\_) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Mortgage (owed to \_\_\_\_\_) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Philanthropic Commitments to \_\_\_\_\_ \$ \_\_\_\_\_

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

**TOTAL LIABILITIES** \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

**FINANCIAL SUMMARY**

MONTHLY INCOME \$ \_\_\_\_\_

MONTHLY EXPENSES \$ \_\_\_\_\_

**NET INCOME** \$ \_\_\_\_\_

ASSETS \$ \_\_\_\_\_

LIABILITIES \$ \_\_\_\_\_

**NET WORTH** \$ \_\_\_\_\_

Have you made any transfers of significant assets for less than fair market value in the last three years? \_\_\_\_\_ If so, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I / We hereby make application for residency in WEST LIBERTY GARDEN APARTMENTS, INC. I am / We are in full sympathy with the ideals, goals, rules, and regulations and agree to wholeheartedly cooperate with the management according to the statements as set forth in the WEST LIBERTY GARDEN APARTMENTS INC. ADMISSIONS AGREEMENT.

I / We make this application with the understanding the financial statements contained herein may be investigated by action of the Admissions Committee, should they deem such action necessary.

It is my / our purpose to make Green Hills my / our permanent home. I / We understand that I / we may change my / our minds at any time, subject to the terms and arrangements of the WEST LIBERTY GARDEN APARTMENTS, INC. ADMISSIONS AGREEMENT.

**A check is attached for \$1,000 payable to WEST LIBERTY GARDEN APARTMENTS, INC. for the non-refundable application fee.**

IT IS FURTHER UNDERSTOOD THAT THE INFORMATION CONTAINED ON THE APPLICATION FORMS AND FINANCIAL DISCLOSURE STATEMENTS ARE TRUE TO THE BEST OF MY / OUR KNOWLEDGE AND BELIEF. I / WE UNDERSTAND THAT GREEN HILLS GARDEN APARTMENTS, INC. WILL RELY UPON SUCH INFORMATION AND AGREE THAT ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME / US IN CONNECTION THEREWITH SHALL RENDER THE APPLICATION AND ADMISSIONS AGREEMENT VOIDABLE AT THE OPTION OF GREEN HILLS GARDEN APARTMENTS, INC.

Signed \_\_\_\_\_ Co-applicant \_\_\_\_\_

Date \_\_\_\_\_

Green Hills Community encourages and supports equal housing opportunity and accepts people as residents without regard to race, color, religions, sex, handicap, or national origin.

**AUTHORIZATION**

I hereby authorize any physician, medical practitioner, hospital, or clinic that has any knowledge or information concerning myself to disclose such knowledge or information to the West Liberty Garden Apartments, Inc.

Date \_\_\_\_\_ Applicant \_\_\_\_\_

Date \_\_\_\_\_ Co-applicant \_\_\_\_\_