

CONFIDENTIAL APPLICATION FOR ADMISSION



(I) (We) hereby make application for acceptance to Hillcrest and for priority listing.

Date: _____ Accommodation Desired: _____

PERSONAL INFORMATION:

1st Applicant's Name: _____

Address: _____

City, State, Zip: _____, _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ Social Security #: _____

E-mail address: _____

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed
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2nd Applicant's Name: _____

Address: _____

City, State, Zip: _____, _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ Social Security #: _____

E-mail address: _____

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed
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Anniversary, if applicable: _____ Do you plan on bringing a pet? YES NO

◆ ◆ ◆ ◆ ◆

Hillcrest is a not-for-profit retirement community that relies on the residents who move here to support its mission and goals. In order to fulfill our mission, we must know that you are able to meet your financial obligations here as well as when, if ever, you may need financial help from Hillcrest. The financial statement that is part of this application allows Hillcrest to evaluate which type of home best suits your financial portfolio.

Some important points to remember when completing the financial statement:

1. All assets and income listed on the form are used to help you qualify. This means that most residents are eventually expected to spend principal for their care and service.
2. We expect that you will sell your house prior to coming to Hillcrest, and that the proceeds you expect to retrieve are included in "spendable" assets.
3. When calculating your finances, please do not include personal assets such as jewelry, furniture, cars, and motor home.
4. The assets you list on the form must be available for you at Hillcrest and not divested for other purposes.

We request that the following be attached to this form:

1. A copy of last year's income tax forms;
2. For fund verification purposes, the last statement reflecting activity on any/all accounts listed in Part III;
3. A copy of your long-term care insurance policy; if applicable; and
4. If a guarantor is signing with you, the guarantor must also complete a financial statement and attach verification of the same information as the applicant.

IF YOU NEED ASSISTANCE WITH THIS APPLICATION, PLEASE CALL HILLCREST MARKETING DEPARTMENT
MONDAY THROUGH FRIDAY, 9:00 A.M. – 5:00 P.M.

GENERAL HEALTH INFORMATION:

1st Applicant

2nd Applicant

Current Personal Physician: _____

Physicians Address: _____

Will this physician attend to you as a Hillcrest Resident? YES NO

YES NO

Medicare #: _____

Medicare #: _____

Supplemental Insurance Carrier: _____

Supplemental Insurance Carrier: _____

Policy #: _____

Policy #: _____

HMO*: _____

HMO*: _____

Policy #: _____

Policy #: _____

1. Do you currently live independently? YES NO
If no, please explain: _____

YES NO

2. List any existing medical condition(s) which may inhibit your ability to live independently:

3. Do you have long-term insurance? YES NO
If yes, PLEASE ATTACH A COPY OF YOUR POLICY

YES NO

4. DO YOU SMOKE? YES NO
If yes, how many per day? _____

YES NO
If yes, how many per day? _____

* If you are a member of Kaiser, please contact the Administrator at 909-392-4393

GENERAL FINANCE INFORMATION:

This information is designed to enable Hillcrest to determine your ability to meet your future living and health care needs during your residency at Hillcrest, whether in the residential, residential with services level, assisting living, or nursing care area. All information included in this statement is held in strictest confidence. Attach additional sheets if necessary. If this application is approved, all parts when completed become part of your permanent file. You may complete this part and submit it to Hillcrest for financial qualification prior to paying the processing fee.

Part I – Current Monthly Expenses: This information is used to help Hillcrest estimate your needs here.

Rent / Mortgage / Condo Fees: \$ _____

Medical expenses: \$ _____

Food: _____

Personal property insurance: _____

Telephone: _____

Long-term care insurance: _____

Clothing: _____

Hospitalization insurance: _____

Entertainment / Travel: _____

Donations: _____

Other: _____

TOTAL EXPENSES: \$ _____

Part II - Sources of Net Income - Amount Received Per Month

Please attach all statements and documentation

	1 st Applicant	2 nd Applicant	Total
1. Social Security	_____	_____	_____
2. Pension/Annuity*	_____	_____	_____
3. Dividends	_____	_____	_____
4. Interest	_____	_____	_____
5. Other (please specify)	_____	_____	_____
TOTAL:	\$ _____	\$ _____	\$ _____

Is there an expiration date of any of the above? Yes No

If yes, please explain: _____

*Does the Pension/Annuity amount transfer to your spouse? Yes No

If yes, please indicate percentage of transfer: _____

Part III - Assets, Liabilities, and Net Worth (Use additional sheets, if necessary)

Please attach all statements and documentation

ASSETS

1. **CASH- Institution Name:** _____

CHECKING Account #: _____ **Balance:** _____

Institution Name: _____

Account #: _____ **Balance:** _____

Institution Name: _____

Account #: _____ **Balance:** _____

TOTAL \$ _____

2. **CASH – SAVINGS / CDS - *Please attach all statements and documentation***

	Amount	Rate	Type of Account	Maturity Date	Principal
A. \$	_____	_____	_____	_____	_____
B. \$	_____	_____	_____	_____	_____
C. \$	_____	_____	_____	_____	_____
					TOTAL \$ _____

3. **REAL PROPERTY / HOME / MOBILE HOME**

Description: _____

Estimated Market Value: _____

TOTAL \$ _____

4. **SECURITIES/STOCKS/BONDS *Please attach all statements and documentation***

	DESCRIPTION	BROKER	PRESENT MARKET VALUE
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
			TOTAL \$ _____

5. **OTHER ASSETS AND NOTES RECEIVABLE** (Do not include personal belongings, cars, furniture, etc.)

Description and value: _____

6. **TOTAL ASSETS** (combine totals from items 1 through 5) **TOTAL \$** _____

LIABILITIES

- 7. Mortgages on real estate TOTAL \$ _____
- 8. Notes payable TOTAL \$ _____
- 9. Other Liabilities TOTAL \$ _____
- 10. **TOTAL LIABILITIES** (combine totals from items 7 through 9, above) **TOTAL \$** _____

Part IV – General Information

1st Applicant

2nd Applicant

- 1. Do you have a life insurance policy in effect? YES NO YES NO

Policy Holder	Beneficiary	Type	Amount of Coverage	Cash Value
A. _____	_____	_____	\$ _____	\$ _____
B. _____	_____	_____	\$ _____	\$ _____

Are there any circumstances which may affect your financial position in the future? YES NO
 If yes, please explain: _____

If this statement is prepared by a third party, please provide the name and address and telephone number:

Do you have a bank trust department or other person managing your financial affairs? YES NO
 If yes, please specify:

Name	Address	Telephone
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Does an attorney, bank, or relative hold Power of Attorney for you? YES NO
 If yes, please specify and attach copy of Power of Attorney?

Name	Address	Telephone
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I (We) represent and affirm that the information is a true and correct statement of my (our) current financial and personal condition. I (We) will immediately notify you in writing if there is a material change in my financial condition. In the absence of such notice, this shall constitute both a new and continuing statement of my (our) financial condition. Hillcrest is authorized to verify the information contained in this statement with any third party.

 Signature of 1st Applicant

 Signature of 2nd Applicant

 Date

 Date



DSS Continuing Care Certificate #069
 DSS #191501662 DHS #950000005

(05/01/19)