

CONFIDENTIAL APPLICATION FOR ADMISSION



Congratulations on your decision to consider a residence at Hillcrest, a not-for-profit retirement community. Hillcrest relies on the residents who move here to support its mission and goals. 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.

(I) / (We) hereby make an application for acceptance to Hillcrest.

Your Information:

1st Applicant's Name: _____

Address: _____

City, State, Zip: _____, _____

Mobile Phone: () _____ Landline: () _____

Birth Date: _____ Social Security #: _____

E-mail address: _____

Marital Status:	
<input type="checkbox"/> Married	<input type="checkbox"/> Separated
<input type="checkbox"/> Single	<input type="checkbox"/> Widowed
<input type="checkbox"/> Divorced	

2nd Applicant's Name: _____

Address: _____

City, State, Zip: _____, _____

Mobile Phone: () _____ Landline: () _____

Birth Date: _____ Social Security #: _____

E-mail address: _____

Anniversary date if applicable: _____ Will you be bringing a pet? Yes ____ No ____

Marital Status:	
<input type="checkbox"/> Married	<input type="checkbox"/> Separated
<input type="checkbox"/> Single	<input type="checkbox"/> Widowed
<input type="checkbox"/> Divorced	

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. If you are selling your house prior to coming to Hillcrest, the proceeds you expect to retrieve will be 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 for verification:

1. The past two years of federal income taxes.
2. Copies of your most recent bank statements.
3. Copies of your most recent brokerage and investment statements.
4. Copies of any statements of income listed Pension statement from provider including survivor benefit. Annuity contracts with balance. Rental property or any other income reported.
5. 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.

General Medical Information:

1st Applicant

2nd Applicant

Current Personal Physician: _____

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

YES NO

Applicant 1 Medicare #: _____ Applicant 2 Medicare #: _____

Applicant 1 Supp Insurance Carrier: _____ Applicant 2 Supp Insurance Carrier: _____

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.

Assets				
	Applicant 1	Applicant 2	How is the Asset Owned? (Individually, In Trust, As Joint tenants, As Tenants by the Entirety, As Tenants in common)	If Jointly Owned, please designate the portion of the asset that will be used for the Applicant's care.
Residence Value	\$	\$		
Stocks	\$	\$		
Mutual Funds	\$	\$		
CDs	\$	\$		
Savings/Checking	\$	\$		
Other	\$	\$		
Other	\$	\$		
Additional Real Estate Value	\$	\$		
Annuity/Surrender Value	\$	\$		
Outstanding Loans	\$	\$		
Total Assets	\$	\$		

Liabilities			
	Applicant 1	Applicant 2	Interest rate
Mortgage	\$	\$	
Other	\$	\$	
Total Combined	\$		

Monthly Income				
	Applicant 1	Applicant 2	Right of Survivorship	% Right of Survivorship
Social Security	\$	\$	Yes / No	
Pension	\$	\$	Yes / No	
Annuity	\$	\$	Yes / No	
Other	\$		Yes / No	
Rental Income	\$	\$	Yes / No	

Long Term Care Insurance				
	Applicant 1	Applicant 2	Joint	
Monthly Premium	\$	\$		
Elimination Period				
Predetermined Annual Increase (inflation rate)				
Benefit Period (Time Cap)				
Coverage Pool (Dollar Cap)	\$	\$		
COVERAGE				
Assisted Living/Day	\$	\$		
Skilled Nursing/Day	\$	\$		
Reimbursement Type				

Life Insurance		
	Applicant 1	Applicant 2
Cash Value	\$	\$
Face Value	\$	\$
Loans Outstanding	\$	\$

Financial Summary

Total Combined Financial Summary	
Total Assets	\$
Total Liabilities	\$
Total Combined Income	\$

Estimated Expenses

Estimated Expenses Once Living at Hillcrest		
Property Taxes (rental)	\$	\$
Federal Income Taxes	\$	\$
Mortgage Payment (if Applicable)	\$	\$
Health/Dental Insurance	\$	\$
Auto Insurance	\$	\$
Estimated Living Expenses after moving	\$	\$
Prescriptions	\$	\$
Other (tithing, Memberships, Contributions, etc)	\$	\$

Additional Contacts. (Power of Attorney for Finances and/or Health Care). Please provide Hillcrest with copies of current documents.

1. Name: _____ Relation: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Email: _____

Power of Attorney for: Finances _____ Health Care _____

2. Name: _____ Relation: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Email: _____

Power of Attorney for: Finances _____ Health Care _____

3. Name: _____ Relation: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Email: _____

Power of Attorney for: Finances _____ Health Care _____

Please be advised that an application is considered complete only when all required documents are returned to Hillcrest Marketing: This includes the Medical Assessment for Residential Living Care Facilities for the Elderly, a pre-placement Appraisal Information form by the applicant, an assessment by a Hillcrest Representative, and a completed pet information form, if applicable.

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

(Rev. 09/2024 ST)

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