

MONTHLY INCOME

	APPLICANT	CO-APPLICANT
Social Security.....	\$ _____	\$ _____
Private Pension.....	\$ _____	\$ _____
a. surviving spouse benefit / percentage?	_____ %	_____ %
b. cost of living increases?	[] Yes [] No	[] Yes [] No
IRAs/401K	\$ _____	\$ _____
Annuities	\$ _____	\$ _____
Installment Notes.....	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Dividend Income.....	\$ _____	\$ _____
Interest Income.....	\$ _____	\$ _____
Other (attach schedule).....	\$ _____	\$ _____
TOTAL MONTHLY INCOME.....	\$ _____	\$ _____

MONTHLY EXPENSES (Anticipated expenses at Twin Lakes NOT including monthly maintenance fee.)

Estimated monthly living expenses (such as food, car, entertainment, personal items, additional utilities)	\$ _____	\$ _____
Estimated monthly medical expenses (including prescription medications, copay/deductible payments, etc.)	\$ _____	\$ _____
Monthly insurance payments; do not include LTC premiums (including health, life, personal property, auto)	\$ _____	\$ _____
Family Support/Alimony*	\$ _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____	\$ _____

*Please list any support you provide, whether or not you are legally obligated to provide the support.

APPLICANT

Traditional Medicare Part A [] Yes [] No
 Replacement or Advantage Medicare Plan [] Yes [] No
 If Yes, Name of Company _____
 Supplemental/Extended Ins. [] Yes [] No
 If Yes, Name of Company _____

Long-term Care? _____ Annual Premium _____
 Benefit Period _____ Daily Benefit _____
 Elimination Period _____
 Company Name _____

Applicant Signature _____
 Date _____

CO-APPLICANT

Traditional Medicare Part A [] Yes [] No
 Replacement or Advantage Medicare Plan [] Yes [] No
 If Yes, Name of Company _____
 Supplemental/Extended Ins. [] Yes [] No
 If Yes, Name of Company _____

Long-term Care? _____ Annual Premium _____
 Benefit Period _____ Daily Benefit _____
 Elimination Period _____
 Company Name _____

Co-Applicant Signature _____
 Date _____

I certify that the foregoing information is a true and complete statement of facts regarding my financial status as known to me. I agree to provide any additional information that Twin Lakes Community may reasonably require. I understand that if accepted for residency, I will not transfer or reduce resources necessary to fulfill my commitment. I understand that if any information contained in the application is materially inaccurate or incomplete, my residency agreement may be subject to cancellation.



Application Number _____
 Date Received _____
 Date Approved _____

A Division of Lutheran Retirement Ministries of Alamance County, North Carolina

APPLICATION FOR RESIDENCY

Updated health and financial information may be requested before a contract is executed.

FOR APPLICANT:

1. Name _____
Last First Middle
 2. Street Address _____
 City/State Zip _____
 3. Social Sec. Number _____
 4. Telephone Number _____
 5. Date of Birth _____
 6. Email Address _____
 7. Emergency Contact:
 Name _____
 Address _____
 City/State _____
 Relationship _____
 Phone Number _____

FOR CO-APPLICANT:

1. Name _____
Last First Middle
 2. Street Address _____
 City/State Zip _____
 3. Social Sec. Number _____
 4. Telephone Number _____
 5. Date of Birth _____
 6. Email Address _____
 7. Emergency Contact:
 Name _____
 Address _____
 City/State _____
 Relationship _____
 Phone Number _____

8. Marital Status: [] Married [] Single [] Widowed [] Divorced [] Remarried
 9. Desired date for residency (Please be as specific as possible.) _____
 10. Type of accommodations requested:

- Apartments:** [] Heather [] Laurel
- Wittenberg Apartments:** [] Edelweiss [] Iris [] Valerian
- Villas:** [] Acacia [] Aspen [] Chestnut [] Birch [] Dogwood
- Garden Homes:** [] Juniper [] Evergreen [] Forsythia [] Gardenia [] Holly

FOR APPLICANT:

11. Financial Power of Attorney _____

12. Medical Power of Attorney _____

13. Where have you lived most of your life? _____

14. Vocation(s) or profession(s) in which you have engaged _____

15. Skills, Interests, Hobbies _____

16. Community Service _____

FOR CO-APPLICANT:

11. Financial Power of Attorney _____

12. Medical Power of Attorney _____

13. Where have you lived most of your life? _____

14. Vocation(s) or profession(s) in which you have engaged _____

15. Skills, Interests, Hobbies _____

16. Community Service _____

FOR BOTH APPLICANTS:

23. How did you first hear about Twin Lakes? _____

24. What appealed to you most about Twin Lakes? _____

RESIDENT FINANCIAL DATA

The following information is required to assure us that your financial resources will be adequate to fulfill your responsibilities at Twin Lakes Community. If there are assets that will never be liquidated, please discuss these with the Sales Associate. The information supplied is strictly confidential. The decision to admit or not admit an applicant is made by Twin Lakes Community at its sole discretion. The applicant agrees to such decision as binding and final in all aspects.

ASSETS*

	APPLICANT (and jointly-held accounts)	CO-APPLICANT
Cash on Deposit <small>(including checking accounts, savings accounts, money market accounts, and certificates of deposit)</small>	\$ _____	\$ _____
Notes Receivable (<i>attach schedule</i>)	\$ _____	\$ _____
Marketable Securities		
Stocks/Equity Funds (current value).....	\$ _____	\$ _____
Bonds/Bond Funds (current value).....	\$ _____	\$ _____
Funds in Trust (<i>copy of trust must be attached</i>)	\$ _____	\$ _____
Primary Residence (current market value)	\$ _____	\$ _____
Do you intend to sell upon entry? [] Yes [] No		
Other Real Estate (current market value).....	\$ _____	\$ _____
Do you intend to sell upon entry? [] Yes [] No		
Annuity (include balance)	\$ _____	\$ _____
Do you have unrestricted access to the principal balance of the annuity? [] Yes [] No		
IRAs/401K (balance).....	\$ _____	\$ _____
Other Assets (attach schedule)..... <small>(Do not include autos, antiques, household goods, etc)</small>	\$ _____	\$ _____
TOTAL ASSETS.....	\$ _____	\$ _____

Will co-applicant inherit all assets listed? [] Yes [] No *If no, please attach explanation.*

*Documentation of all assets and income will be required at the time a specific home is chosen for residency prior to the issuance of a contract.

LIABILITIES

Home Mortgage.....	\$ _____	\$ _____
Auto and Credit Card Debt.....	\$ _____	\$ _____
Other Liabilities or Debt Guarantees (attach schedule) \$ _____	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____

NET ASSET BALANCE..... \$ _____

LIFE INSURANCE

Face Value of Applicant's Policy \$ _____ Face Value of Co-Applicant's Policy \$ _____

Applicant's Beneficiary _____ Co-Applicant's Beneficiary _____

If this is a term life policy please provide expiration date of death benefits. _____