



Application Number \_\_\_\_\_

Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_

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

## APPLICATION FOR RESIDENCY

A non-refundable \$500 fee is required with application submittal. Updated health and financial information, along with supporting documentation, will be requested before a contract is executed.

### FOR APPLICANT:

1. Name \_\_\_\_\_  
Last First Middle

2. Street Address \_\_\_\_\_  
City/State Zip \_\_\_\_\_

3. Telephone Number \_\_\_\_\_

4. Date of Birth \_\_\_\_\_

5. Email Address \_\_\_\_\_

6. Emergency Contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Relationship \_\_\_\_\_

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

7. Marital Status: ☐ Married ☐ Single ☐ Widowed  
☐ Divorced ☐ Remarried ☐ Domestic Partners

15. Desired date for residency (Please be as specific as possible.) \_\_\_\_\_

16. Type of accommodations requested:

**Aldersgate and Brandenburg Apartments:** ☐ Heather ☐ Laurel

**Wittenberg Apartments:** ☐ Edelweiss ☐ Iris ☐ Valerian

**Stockton Apartments:** ☐ Magnolia ☐ Oak ☐ Poplar ☐ Redbud ☐ Sycamore ☐ Tupelo ☐ Willow

**Villas:** ☐ Acacia ☐ Aspen ☐ Chestnut ☐ Birch ☐ Dogwood

**Garden Homes:** ☐ Juniper ☐ Evergreen ☐ Forsythia ☐ Gardenia ☐ Holly

### FOR CO-APPLICANT:

8. Name \_\_\_\_\_  
Last First Middle

9. Street Address \_\_\_\_\_  
City/State Zip \_\_\_\_\_

10. Telephone Number \_\_\_\_\_

11. Date of Birth \_\_\_\_\_

12. Email Address \_\_\_\_\_

13. Emergency Contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Relationship \_\_\_\_\_

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

14. Marital Status: ☐ Married ☐ Single ☐ Widowed  
☐ Divorced ☐ Remarried ☐ Domestic Partners

### FOR APPLICANT:

17. Where have you lived most of your life?\_\_\_\_\_

18. Vocations or professions in which you have engaged \_\_\_\_\_

19. Skills, Interests, Hobbies\_\_\_\_\_

\_\_\_\_\_

### FOR CO-APPLICANT:

20. Where have you lived most of your life?\_\_\_\_\_

21. Vocations or professions in which you have engaged \_\_\_\_\_

22. Skills, Interests, Hobbies\_\_\_\_\_

\_\_\_\_\_

### FOR BOTH APPLICANTS:

23. How did you first hear about Twin Lakes?\_\_\_\_\_

\_\_\_\_\_

24. What appealed to you most about Twin Lakes?\_\_\_\_\_

\_\_\_\_\_

## HEALTH INSURANCE

### APPLICANT

Traditional Medicare Part A ☐ Yes ☐ No

Replacement or Advantage Medicare Plan ☐ Yes ☐ No

Supplemental/Extended Ins. ☐ Yes ☐ No

Name of Company\_\_\_\_\_

Long-term Care?\_\_\_\_\_ Annual Premium\_\_\_\_\_

Benefit Period\_\_\_\_\_ Daily Benefit\_\_\_\_\_

Elimination Period\_\_\_\_\_ Inflation Adj.\_\_\_\_\_

Company Name\_\_\_\_\_

### CO-APPLICANT

Traditional Medicare Part A ☐ Yes ☐ No

Replacement or Advantage Medicare Plan ☐ Yes ☐ No

Supplemental/Extended Ins. ☐ Yes ☐ No

Name of Company\_\_\_\_\_

Long-term Care?\_\_\_\_\_ Annual Premium\_\_\_\_\_

Benefit Period\_\_\_\_\_ Daily Benefit\_\_\_\_\_

Elimination Period\_\_\_\_\_ Inflation Adj.\_\_\_\_\_

Company Name\_\_\_\_\_

## APPLICANT 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. Please do not omit any assets, obligations or income sources on the following financial statement. If there are assets that you do not ever intend to liquidate, please share details on the nature of the assets and the reason you intend not to liquidate. The information supplied is strictly confidential. Your privacy is very important to us and is therefore reviewed only by Sales and Marketing, our CFO, and CEO. It is securely stored under lock and key.

### ASSETS\*

#### APPLICANT

#### CO-APPLICANT

(check box if jointly held account)

Cash NOT held in a trust or retirement account . . . . \$ \_\_\_\_\_ [ ] \$ \_\_\_\_\_  
(including checking accounts, savings accounts, money market accounts, and certificates of deposit)

Funds in Trust (**copy of trust must be attached**) . . . . \$ \_\_\_\_\_ [ ] \$ \_\_\_\_\_

Notes Receivable (**attach schedule**) . . . . . \$ \_\_\_\_\_ [ ] \$ \_\_\_\_\_

Annuity NOT held in a trust or retirement account . . \$ \_\_\_\_\_ [ ] \$ \_\_\_\_\_

(**attach annuity policy summary from the issuing insurance company**)

- Do you have unrestricted access to the principal

balance of the annuity? [ ] Yes [ ] No

[ ] Yes [ ] No

- Is there a penalty associated with early withdrawal? [ ] Yes [ ] No

[ ] Yes [ ] No

If yes, what percentage? \_\_\_\_\_%

\_\_\_\_\_%

Traditional IRA/401(k) . . . . . \$ \_\_\_\_\_

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

Roth IRA . . . . . \$ \_\_\_\_\_

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

#### Marketable Securities

Stocks/Equity Funds . . . . . \$ \_\_\_\_\_ [ ]

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

Bonds/Bond Funds . . . . . \$ \_\_\_\_\_ [ ]

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

Primary Residence . . . . . \$ \_\_\_\_\_ [ ]

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

- Do you intend to sell upon entry? [ ] Yes [ ] No

Other Real Estate . . . . . \$ \_\_\_\_\_ [ ]

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

Please provide information about the use (vacation, rental, commercial), revenue and expenses, and your ownership percentage.

- Do you intend to sell upon entry? [ ] Yes [ ] No

Other Assets (attach schedule) . . . . . \$ \_\_\_\_\_ [ ]

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

DO NOT include autos, antiques, household goods, etc.

**TOTAL ASSETS** . . . . . \$ \_\_\_\_\_ [ ]

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

**Will all assets be inherited by surviving applicant?** [ ] 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 policy: Applicant\_\_\_\_\_ Co-Applicant\_\_\_\_\_

If this is a whole life policy, please provide cash value amount: Applicant\_\_\_\_\_ Co-Applicant\_\_\_\_\_

## MONTHLY INCOME

### APPLICANT

### CO-APPLICANT

Social Security.....	\$ _____	\$ _____
Private Pension .....	\$ _____	\$ _____
• surviving spouse benefit percentage? .....	_____ %	_____ %
Traditional IRA/401(k) .....	\$ _____	\$ _____
Roth IRA .....	\$ _____	\$ _____
Annuities not held in an IRA.....	\$ _____	\$ _____
Installment Notes .....	\$ _____	\$ _____
Rental Income.....	\$ _____	\$ _____
Dividend Income.....	\$ _____	\$ _____
Interest Income.....	\$ _____	\$ _____
Other (attach schedule) .....	\$ _____	\$ _____

<b>TOTAL MONTHLY INCOME .....</b>	<b>\$ _____</b>	<b>\$ _____</b>
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## ANTICIPATED MONTHLY EXPENSES (Those NOT included in the Twin Lakes monthly fee)

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

<b>TOTAL MONTHLY EXPENSES .....</b>	<b>\$ _____</b>	<b>\$ _____</b>
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\*Please list any support you provide, whether or not you are legally obligated to provide the support.

I certify that the foregoing information is a true and complete statement of facts regarding my financial status as known to me.

**Applicant Signature** \_\_\_\_\_

Date\_\_\_\_\_

**Co-Applicant Signature** \_\_\_\_\_

Date\_\_\_\_\_