

# Application for Residency



I/We hereby apply for residency at CAROLINA MEADOWS with the following understandings:

- A. I/We will pay a non-refundable application fee of \$300.00 **per person**.
- B. Final approval of the application will be contingent upon review and acceptance of a separate financial statement and medical history, to be furnished by the applicant(s) on CAROLINA MEADOWS' forms.

(PLEASE PRINT ALL INFORMATION)

## **PERSONAL DATA**

Applicant #1 Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Applicant #2 Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email Address: Applicant #1 \_\_\_\_\_ Applicant #2 \_\_\_\_\_

Date of Birth: Applicant #1 \_\_\_\_\_ Applicant #2 \_\_\_\_\_

## **EDUCATIONAL BACKGROUND**

*Please note name of school, degrees or diplomas, and major field(s) of study.*

#1: \_\_\_\_\_

#2: \_\_\_\_\_

## **VOCATION OR PROFESSION**

*Note major vocations or occupations.*

#1: \_\_\_\_\_

#2: \_\_\_\_\_

## **HOBBIES OR SPECIAL INTERESTS**

#1: \_\_\_\_\_

#2: \_\_\_\_\_

## HEALTH INFORMATION

Name and address of personal physician or health provider:

#1: \_\_\_\_\_

#2: \_\_\_\_\_

### Medical Insurance Coverages:

#1: Policy # \_\_\_\_\_ Company \_\_\_\_\_ Coverage Type \_\_\_\_\_

#2: Policy # \_\_\_\_\_ Company \_\_\_\_\_ Coverage Type \_\_\_\_\_

**Long Term Care Insurance Coverage: Do you have this type of coverage?** Yes  No

### If yes, list company:

#1: Policy # \_\_\_\_\_ Company \_\_\_\_\_ Daily Benefit \_\_\_\_\_ Duration \_\_\_\_\_

#2: Policy # \_\_\_\_\_ Company \_\_\_\_\_ Daily Benefit \_\_\_\_\_ Duration \_\_\_\_\_

### Indicate any specific health needs for each applicant:

#1: \_\_\_\_\_

#2: \_\_\_\_\_

*A detailed medical history and financial statement will be required  
prior to final approval of application.*

Please indicate type and style of home preferred:

### VILLAS

MODEL	TYPE
<input type="checkbox"/> <b>Albemarle</b>	One Bedroom w/Den
<input type="checkbox"/> <b>Brunswick</b>	Two Bedroom
<input type="checkbox"/> <b>Cumberland</b>	Twinmaster
<input type="checkbox"/> <b>Davidson</b>	Two Bedroom w/Den
<input type="checkbox"/> <b>Chatham</b>	Two Bedroom
<input type="checkbox"/> <b>Manchester</b>	Deluxe Two Bedroom
<input type="checkbox"/> <b>Fairfax</b>	Deluxe Two Bedroom
<input type="checkbox"/> <b>Regent</b>	Deluxe Two Bedroom w/Den

### APARTMENTS

MODEL	TYPE
<input type="checkbox"/> <b>Edgecombe</b>	One Bedroom
<input type="checkbox"/> <b>Lenoir</b>	One Bedroom Expanded
<input type="checkbox"/> <b>Forsyth</b>	Deluxe One Bedroom w/Den
<input type="checkbox"/> <b>Iredell</b>	Twinmaster
<input type="checkbox"/> <b>Julian</b>	Deluxe Twinmaster w/Den
<input type="checkbox"/> <b>Halifax</b>	Deluxe Two Bedroom
<input type="checkbox"/> <b>Kinston</b>	Super Deluxe Twinmaster w/Den

**Note:** Before CAROLINA MEADOWS executes a **Residency and Care Agreement**, applicant(s) will be required to subject current financial and health data demonstrating that they are financially, physically and mentally capable of living independently. Acceptance of this application is conditioned on the approval by CAROLINA MEADOWS after receipt of all application forms. Please sign below.

I hereby declare that all statements made herein are true and complete to the best of my knowledge.

Applicant #1 \_\_\_\_\_ Date \_\_\_\_\_

Applicant #2 \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Sequence # Assigned \_\_\_\_\_

For CAROLINA MEADOWS