



**Application**  
We are proud to be a  
non-smoking community!

Date \_\_\_\_\_

Name \_\_\_\_\_

*Last*

*First*

*Middle*

Current Address \_\_\_\_\_

*Street*

*City*

*State*

*ZIP*

*Country*

Phone (\_\_\_\_\_) \_\_\_\_\_

Birthplace \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Marital Status \_\_\_\_\_ M \_\_\_\_\_ W \_\_\_\_\_ S \_\_\_\_\_ D

Name of Spouse\* \_\_\_\_\_

*\*Married couples must submit one application for EACH person*

Social Security # \_\_\_\_\_ Medicare # \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Children (*list name, address and phone number*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church affiliation \_\_\_\_\_

Did you or your spouse serve in the U.S. Military? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list branch and date of service \_\_\_\_\_

## ***Confidential Financial Information***

I am applying for a residence in (*please include unit size*):

Reeder \_\_\_\_\_ Boyd \_\_\_\_\_

Wesley \_\_\_\_\_ Village Park \_\_\_\_\_

Patio Home \_\_\_\_\_ Wesleyan Meadows \_\_\_\_\_

Smith Hall \_\_\_\_\_

### **MONTHLY INCOME SOURCES**

Social Security \$ \_\_\_\_\_

Pension (*fixed or annual increase*) \$ \_\_\_\_\_

Annuities \$ \_\_\_\_\_

Investments (*Savings, CD's, etc.*) \$ \_\_\_\_\_

Total Monthly Income (*from worksheet*) \$ \_\_\_\_\_

### **ASSETS**

Cash (*from worksheet*) \$ \_\_\_\_\_

Securities (*from worksheet*) \$ \_\_\_\_\_

Home (*market value*) \$ \_\_\_\_\_

Other real estate (*from worksheet*) \$ \_\_\_\_\_

Business or other holdings (*from worksheet*) \$ \_\_\_\_\_

Total Assets \$ \_\_\_\_\_

### **LIABILITIES**

Mortgage (*total amount*) \$ \_\_\_\_\_

Auto loan (*total amount*) \$ \_\_\_\_\_

Other debts (*total amount*) \$ \_\_\_\_\_

Total Liabilities \$ \_\_\_\_\_

# Confidential Financial Worksheet

## CASH: (Please list all checking and savings accounts and certificates of deposit)

<i>Company Name</i>	<i>Account Type</i>	<i>Amount</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
		<b>Total \$</b> _____

## SECURITIES: (Please list all stocks, bonds or mutual funds)

<i>Company Name</i>	<i>Investment Type</i>	<i># Shares</i>	<i>Amount</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
			<b>Total \$</b> _____

## REAL ESTATE: (Please list any real estate or property you own)

<i>Description</i>	<i>Address</i>	<i>Mortgage Amount</i>	<i>Market Value</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
			<b>Total \$</b> _____

## MISCELLANEOUS: (Please list any other business or other holdings, including estimated value)

_____
_____
_____
<b>Total \$</b> _____

*\*If your monies are handled by an investment company or trust officer, your most recent account statement may be substituted for the itemized list above. Please use additional sheet if necessary.*

**Do you have long term care insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**If so, please list your company's name, monthly premium, daily benefit, number of years of coverage and covered services (ie.: skilled nursing, assisted living) and policy limitations. You may include a copy of your policy.**

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**Do you have life insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**If so, who is your beneficiary and what is the amount of the policy?**

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**Are you covered under an HMO? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**If so, what is the company name and what services are covered? Give a brief description of benefits.**

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**Have you disposed of any property, cash, stocks, bonds, mortgages or other possessions in contemplation of admission to Wesleyan Senior Living?**

**\_\_\_\_\_ Yes \_\_\_\_\_ No**

**If yes, list items and to whom transferred:**

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I agree that as part of the consideration for my admission to Wesleyan Senior Living, I will at all times faithfully observe and be governed by all the rules and regulations of said Village, together with any and all amendments hereafter made thereto and the general rules of admission, a copy of which has been furnished to me.

I represent that the above statements and information are true and correct. I understand that admission to Wesleyan Senior Living is contingent upon meeting the current financial, physical and social criteria at the time of admission.

IN WITNESS WHEREOF, I have hereunto set my hand the \_\_\_\_\_ day of \_\_\_\_\_ in the year of our Lord \_\_\_\_\_.

SIGNATURE OF APPLICANT \_\_\_\_\_

WITNESSES: \_\_\_\_\_  
\_\_\_\_\_

**Wesleyan Village**  
807 West Avenue  
Elyria, Ohio 44035  
(440) 284-9371 • (888) 818-1896

**Wesleyan Meadows**  
5400 Meadow Lane Court  
Sheffield Village, Ohio 44035  
(440) 934-0772 • (888) 818-1896

