

Wesleyan Village
807 West Avenue
Elyria, Ohio 44035
440-284-9371



Wesleyan Meadows
5400 Meadow Lane Court
Sheffield Village, Ohio 44035
440-934-0772

We are proud to be a
non-smoking community!

APPLICATION FOR RESIDENCY

Date: _____

Name: _____
Last First Middle

Current Address: _____
Street

_____ City State ZIP County

Phone: (_____) _____ Cell: (_____) _____

Email Address: _____

Age: _____ Birthdate: _____ Birthplace: _____

Social Security #: _____ Medicare #: _____

Marital Status: _____ M _____ W _____ S _____ D

Name of Spouse: * _____

*Married couples must submit one application for EACH person

Children (list name, address and phone number)

Church Affiliation: _____

Did you serve in the U.S. Military? _____ Y _____ N Spouse? _____ Y _____ N

If yes, list branch and date of service: _____

CONFIDENTIAL FINANCIAL INFORMATION

If your monies are handled by an investment company or trust officer, your most recent account statement may be substituted for the itemized lists below.

MONTHLY INCOME SOURCES

Social Security _____

Pension _____

Other _____

TOTAL MONTHLY INCOME _____

ASSETS

Cash

(please list all checking, savings and certificate of deposit accounts)

Company Name	Account Type	Amount
1.		
2.		
3.		
4.		
5.		

Total Cash _____

Investments/Securities

(please list all stocks, bonds or mutual funds)

Company Name	Investment Type	Amount
1.		
2.		
3.		
4.		
5.		

Total Investments/Securities _____

Home (market value) _____

Other Real Estate _____

Business or other Withholdings _____

Please describe _____

TOTAL ASSETS _____

LIABILITIES

Mortgage _____

Auto Loan _____

Other Debts _____

Please describe _____

TOTAL LIABILITIES _____

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.

Do you have life insurance? _____ Yes _____ No

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

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.

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: _____

If and when your present funds or funds hereafter acquired are depleted for your care, will you apply for government assistance (Medicaid, etc.) upon entering the licensed area? _____ Yes _____ No

Do you understand that to knowingly falsify your financial report is considered just cause for the Board of Directors to dismiss you? _____ Yes _____ No

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 community, together with any and all amendments hereafter made thereto and the general rules of admission.

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: _____

