INDEPENDENT LIVING Application for Residency

The information supplied in this application will be treated as privileged and confidential. (Please Print)

I hereby apply for residency to Independent Living. If accepted by the Admissions Committee, my current plan is to move into Independent Living about _____, 20_____.

I hereby certify to my best knowledge and belief the following statements to be complete and true with respect to my qualifications for residency.

I. Personal Information

Name _____
First Middle Last

Present Address _____ Phone _____

City _____ State _____ Zip _____ Cell phone _____

Social Security No. _____ Email _____

Date of Birth _____ City _____ State _____

My spouse ☐ is living ☐ is deceased.

If spouse is living, is spouse also applying for admission? ☐ Yes ☐ No

IF YES, SPOUSE IS REQUIRED TO COMPLETE A SEPARATE APPLICATION. Each application should reflect the financial situation as if spouse is deceased.

How did you hear about Vinson Hall _____

II. Background

Previous Occupation (other than military) _____

Are you a Veteran? ☐ Yes ☐ No

If yes, what branch did you serve in? _____

Did you work for a federal government agency ☐ Yes ☐ No

If yes, which agency did you work for ? _____

III. Contact Information

Next of kin or other person(s) to be notified in event of emergency. (Please Print)

1. Name_____ Relationship_____

Address_____ Phone (___)_____

City_____ St._____ Zip_____ Email_____

2. Name_____ Relationship_____

Address_____ Phone (___)_____

City_____ St._____ Zip_____ Email_____

3. Name_____ Relationship_____

Address_____ Phone (___)_____

City_____ St._____ Zip_____ Email_____

IV. Finances - Please include documentation to support information provided

The information requested below is required to satisfy the Foundation that the applicants(s) have adequate income and assets to pay the entry fee and monthly charges over the course of residency at Independent Living, Arleigh Burke Pavilion or The Sylvestery.

My assets and sources of income are as follows:

INCOME AND ASSETS:

1. **My income is as follows:**	Monthly Income	Annual Income
Pension	$_____	$_____
Military Pension (SBP; yes/no)	$_____	$_____
Social Security (self)	$_____	$_____
Social Security (spouse, if applicable)	$_____	$_____
Dividends	$_____	$_____
Interest	$_____	$_____
IRA or 401k	$_____	$_____
IRA or 401k (if multiple)	$_____	$_____
IRA or 401k (if multiple)	$_____	$_____
Other(specify):_____	$_____	$_____
_____	$_____	$_____
TOTAL INCOME	$_____	$_____

II. I own the following Real Estate/Property: Please provide tax assessments

Description of Property	% Ownership	$ Value	Encumbrance
1.) _____	$_____	_____	_____
2.) _____	$_____	_____	_____
3.) _____	$_____	_____	_____
NET VALUE OF PROPERTY (value - encumbrances)		$_____	_____

LIFE INSURANCE	Principal Amount	Monthly Payout
Life Insurance Benefit (from spouse)	$_____	$_____
Life Insurance Benefit (other)	$_____	$_____
Life Insurance Benefit on Applicant	$_____	$_____

III. I have the following savings/investment accounts: Please provide recent statements

Bank/Investment	City & State	Balance
1.) _____	_____,____	$_____
2.) _____	_____,____	$_____
3.) _____	_____,____	$_____
4.) _____	_____,____	$_____
5.) _____	_____,____	$_____

TOTAL VALUE OF SAVINGS/INVESTMENTS $ _____

IV. Long Term Care Insurance ☐ **Yes** ☐ **No**

Please provide copy of the Declaration page of your policy

Elimination period: _____

Benefits period: _____

Daily benefit: _____

Annual premium: _____

V. I am receiving assistance/support from the following organizations and/or individuals as follows:

Source/Relationship	Address	$ Per Month
1.) _____	_____,____	$_____
2.) _____	_____,____	$_____

TOTAL VALUE OF ASSISTANCE/SUPPORT $ _____

VI. EXPENSES/DEBTS:

1. After I move into VHRC the additional expenses I expect to have are:
(examples, condo fees, mortgage, loans, groceries, donations)

Monthly	Description	Payment
_____	_____	$ _____
_____	_____	$ _____
_____	_____	$ _____
_____	_____	$ _____
_____	_____	$ _____
2. OUTSTANDING DEBT/LOANS	_____	$ _____
MONTHLY DEBT PAYMENTS		$ _____

I understand that any concealment of facts in this application or any fraudulent statements made herein can result in forfeiting my approval to, or residence in Vinson Hall Retirement Community and/or termination of any current financial assistance.

Submitted herewith is my check made payable to Navy Marine Coast Guard Residence Foundation (NMCGRF) in the amount of $5,000 as a deposit to be added to the Independent Living Wait List.

Please indicate apartment choices with an "X".

Apartment	Preference	Apartment	Preference
Patton		The Adams	
Patton w/Balcony		The Grant	
Mitschner		The Jackson	
Vandegrift		The Jefferson	
Vandegrift w/Balcony		The JFK	
Puller		The JFK OPT	
Doolittle		The Lincoln	
Halsey		The Madison	
Halsey w/ Balcony		The Monroe	
Roland		The FDR	
Bradley		The Roosevelt	
Bradley w/ Balcony		The Truman	
Nimitz		The Wilson	
Nimitz w/ Balcony		The Washington	
Arnold			
Richmond			
Richmond w/Balcony			

If my application is not accepted or I choose to withdraw from the Independent Living Wait List, I understand the deposit paid herewith will be returned (without interest). I further understand that when I accept and reserve an apartment, I will increase my deposit to ten percent of the entry fee that I choose and that the entire deposit will apply to the entry fee to be paid when contracts are signed at time of taking possession of the apartment.

I hereby agree to comply with any rules or regulations promulgated by Vinson Hall LLC and that my rights as a resident are contingent upon my compliance with such rules and regulations as modified from time to time. In consideration of the evaluation by Vinson Hall LLC the Admissions Committee of this application and upon receiving notice that I have been accepted as a resident at Independent Living, I hereby agree to execute the current contract as required by Vinson Hall LLC no later than the date of taking possession of the Independent Living apartment.

_____ _____/_____/_____

SIGNATURE OF APPLICANT **DATE**

Forward your completed application with:

1) $100 non-refundable application fee payable to VHRC **2) $5,000** deposit check payable to NMCGRF

3) Financial documentation **Submit to:** Vinson Hall - Marketing Department, 6251 Old Dominion Drive McLean, VA 22101