

# **THE VILLAGE OF ST. EDWARD**

## **Independent & Assisted Living Financial Application**



## INSTRUCTIONS & INTRODUCTORY INFORMATION

The information requested in this application is required to determine that you have the ability to pay for the services you are requesting.

Please answer each question truthfully and completely. Incomplete or inaccurate answers to questions may delay the processing of the application, and untruthful answers may result in a denial of the application.

The information provided will be reviewed by The Village of St. Edward and is subject to independent verification by third parties. The Village of St. Edward will take reasonable steps to ensure the confidentiality of the information provided, however, it cannot guarantee that the information will be kept confidential.

If a decision is made to accept you as a resident of The Village of St. Edward, then you will need to sign various documents, including a residency agreement.

**Supporting Documentation:** Please note that you must submit evidence to support the information provided in this application. For example, you will need to submit with the application copies of your bank statements and dividend/reinvestment statements for any stock, bond or mutual fund investments. The application process cannot proceed until this form (along with supporting documentation) has been completed, signed, and returned to The Village of St. Edward.

**Application Fee:** An Application Fee of \$1,500 is required to be submitted with the Application for Residency. If your application is approved and you enter into a Residency Agreement, the Application Fee will be retained by The Village. If you do not enter into a Residency Agreement, the amount is fully refundable to you upon request.

**Submit Completed Application to:**

---

---

---

*The Village of St. Edward does not discriminate on the basis of race, color, religion, sex, age, handicap, familial status, or national origin.*

## IDENTIFICATION OF POTENTIAL RESIDENTS

|                          |               |            |
|--------------------------|---------------|------------|
| <b>Name</b>              |               |            |
| <b>Social Security #</b> |               |            |
| <b>Drivers License</b>   | <i>State:</i> | <i>No:</i> |
| <b>Address</b>           |               |            |
| <b>Telephone (Home)</b>  |               |            |
| <b>Telephone (Cell)</b>  |               |            |
| <b>Date of Birth</b>     |               |            |
| <b>Email</b>             |               |            |

|                          |               |            |
|--------------------------|---------------|------------|
| <b>Name</b>              |               |            |
| <b>Social Security #</b> |               |            |
| <b>Drivers License</b>   | <i>State:</i> | <i>No:</i> |
| <b>Address</b>           |               |            |
| <b>Telephone (Home)</b>  |               |            |
| <b>Telephone (Cell)</b>  |               |            |
| <b>Date of Birth</b>     |               |            |
| <b>Email</b>             |               |            |

### **Criminal Background**

Have any of the applicants ever been convicted of, or pled guilty or no contest to, any criminal offenses?

☐ Yes   ☐ No

Is either applicant required to notify the local Sheriff's Office of a change in residence?

☐ Yes   ☐ No

If you answer "yes" to either of the above questions, please provide details on a separate sheet of paper.

## IDENTIFICATION OF REPRESENTATIVE

If the applicant is admitted as a resident, then he/she may need assistance in arranging for payment for the services provided. Please identify a person below who will assist the resident in this regard.

|                           |        |     |
|---------------------------|--------|-----|
| Name                      |        |     |
| Relationship to Applicant |        |     |
| Social Security #         |        |     |
| Drivers License           | State: | No: |
| Address                   |        |     |
| Telephone (Day)           |        |     |
| Telephone (Eve)           |        |     |
| Telephone (Cell)          |        |     |
| Email                     |        |     |

## INCOME SOURCES

\*\* PLEASE ATTACH DOCUMENTS SUPPORTING ALL OF THE INFORMATION PROVIDED BELOW \*\*

| Type                         | Source<br>(Name/Address/Phone) | Amount Per Month |
|------------------------------|--------------------------------|------------------|
| Social Security              |                                |                  |
|                              |                                |                  |
| Railroad Retirement Benefits |                                |                  |
|                              |                                |                  |
| Veteran's Benefits           |                                |                  |
|                              |                                |                  |
| Pensions                     |                                |                  |
|                              |                                |                  |
| Annuities                    |                                |                  |
|                              |                                |                  |
| Dividends                    |                                |                  |
|                              |                                |                  |
| Interest Payments            |                                |                  |
|                              |                                |                  |
| Rental Property Income       |                                |                  |
|                              |                                |                  |
| Other:                       |                                |                  |
| Other:                       |                                |                  |
| Other:                       |                                |                  |
| Other:                       |                                |                  |
| <b>TOTAL MONTHLY INCOME:</b> |                                |                  |

Do you have any income sources not listed above? ☐ Yes ☐ No

If you answered "Yes", then please list any additional income sources not listed above on a separate page.

## ASSETS

\*\* PLEASE ATTACH DOCUMENTS SUPPORTING ALL OF THE INFORMATION PROVIDED BELOW \*\*

| Type                | Institution / Name | Account # | Value/Amount | Names on Acct in addition to Resident | Held in trust? |    |
|---------------------|--------------------|-----------|--------------|---------------------------------------|----------------|----|
| Saving              |                    |           |              |                                       | Yes            | No |
| Saving              |                    |           |              |                                       | Yes            | No |
| Checking            |                    |           |              |                                       | Yes            | No |
| Checking            |                    |           |              |                                       | Yes            | No |
| Certificate of Dep. |                    |           |              |                                       | Yes            | No |
| Certificate of Dep. |                    |           |              |                                       | Yes            | No |
| Money Market        |                    |           |              |                                       | Yes            | No |
| Money Market        |                    |           |              |                                       | Yes            | No |
| Treasury Bill       |                    |           |              |                                       | Yes            | No |
| Treasury Bill       |                    |           |              |                                       | Yes            | No |
| Stock               |                    |           |              |                                       | Yes            | No |
| Stock               |                    |           |              |                                       | Yes            | No |
| Bond                |                    |           |              |                                       | Yes            | No |
| Bond                |                    |           |              |                                       | Yes            | No |
| Mutual Fund         |                    |           |              |                                       | Yes            | No |
| Mutual Fund         |                    |           |              |                                       | Yes            | No |
| Life Insurance      |                    |           |              |                                       | Yes            | No |
| Life Insurance      |                    |           |              |                                       | Yes            | No |
| Annuities           |                    |           |              |                                       | Yes            | No |
| Annuities           |                    |           |              |                                       | Yes            | No |
| IRA                 |                    |           |              |                                       | Yes            | No |
| IRA                 |                    |           |              |                                       | Yes            | No |
| LTC Insurance       |                    |           |              |                                       | Yes            | No |
| LTC Insurance       |                    |           |              |                                       | Yes            | No |

## ASSETS

Please provide information regarding any **real estate** property that you own.

| Address | Current Tax Value | Mortgage? |    | Liens /<br>Encumbrances? |    | Estimated Equity |
|---------|-------------------|-----------|----|--------------------------|----|------------------|
|         |                   | Yes       | No | Yes                      | No |                  |
|         |                   |           |    |                          |    |                  |
|         |                   |           |    |                          |    |                  |
|         |                   |           |    |                          |    |                  |
|         |                   |           |    |                          |    |                  |

Do you own any real estate and/or assets not listed in this Application? ☐ Yes ☐ No

If you answered "Yes", then please list any real estate and/or assets not listed above on a separate page.

## CREDITORS & LIABILITIES

- a. Are you currently required to pay **alimony**? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please identify the amount: \$\_\_\_\_\_ per \_\_\_\_\_
- b. Are you currently required to pay **child support**? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please identify the amount: \$\_\_\_\_\_ per \_\_\_\_\_
- c. Do you have any outstanding federally-funded **student loans**? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, are you current in all of your payments on the student loans? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please identify the amount: \$\_\_\_\_\_ per \_\_\_\_\_
- d. Do you currently owe any **taxes** that you have not yet paid? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please identify the amount: of tax owed \$\_\_\_\_\_ and the circumstances:  
\_\_\_\_\_
- e. Please list **all debts** owed to third parties **not noted above**, including, but not limited to, insurance payments, medical debts, mortgage payments, credit card balances, lease or rental payments, automobile payments, and any other debts owed:
- | Creditor | Address & Phone # | Balance Owed |
|----------|-------------------|--------------|
| _____    | _____             | _____        |
| _____    | _____             | _____        |
| _____    | _____             | _____        |
| _____    | _____             | _____        |
| _____    | _____             | _____        |
| _____    | _____             | _____        |
- f. If you are currently **renting**, please provide the following information:
- Address of leased unit: \_\_\_\_\_
- Monthly rent: \_\_\_\_\_ Term of lease: \_\_\_\_\_
- Name of Landlord: \_\_\_\_\_
- Landlord's address: \_\_\_\_\_
- Landlord's telephone: \_\_\_\_\_
- On what date does the lease expire? \_\_\_\_\_

## CERTIFICATION & SUBMISSION OF APPLICATION

I certify that all of the information provided in this Application for Residency and any attached documentation is true, complete, and accurate to the best of my knowledge and belief and provides a complete and accurate statement regarding my finances. I understand that The Village of St. Edward will rely upon such information, and agree that any misrepresentation or material omission made by the me in connection with this application may result in the denial of the application, the future eviction of the resident, or possible legal action against me.

I understand that my failure to provide full and accurate answers to all of the questions in this application may effect my Application for Residency. If I subsequently determine that any of the information provided in this application is not accurate, I agree to contact The Village of St. Edward promptly to correct the application.

I understand that The Village of St. Edward may consult with various individuals to verify the accuracy of the information provided in this application, including conducting a financial credit check. I agree to execute any additional authorizations required by third parties to release information concerning me to The Village of St. Edward, including, but not limited to, authorizations required from any financial institutions.

I further agree to cooperate fully with The Village of St. Edward in assessing my Application for Residency. Failure to provide full cooperation will result in a denial of the application. Any misrepresentations or material omissions made in connection with this application or any other requests for information may result in the denial of the application.

If my application for residency is accepted, then I agree to sign a residency agreement and all other documents required by The Village of St. Edward to complete the residency process, and to pay all amounts due in full, within thirty (30) days of being notified of the approval of my application.

### PROSPECTIVE RESIDENT

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

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

### PROSPECTIVE RESIDENT

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

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

If this application is not being completed by the prospective resident, then the person completing the application should sign below.

### REPRESENTATIVE

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

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Relationship to Prospective Resident(s)*

\_\_\_\_\_  
*Date*

## AUTHORIZATION FOR VERIFICATION OF FINANCIAL INFORMATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

### To Whom It May Concern:

I hereby authorize The Village of St. Edward, its trustees, officers, directors, shareholders, members, agents, employees, servants, representatives, instructors, partners, affiliates, attorneys, subsidiaries, predecessors, successors and assigns (collectively the "Organization") to have access to the financial records and credit reports of the people noted above (the "Applicants"), and to consult with any person or entity, including, without limitation, their banks and personal bankers, brokerage firms and brokers, financial institutions, accountants, attorneys, trustees, creditors, or other entities or persons that may have information concerning the Applicants' financial qualifications for residency at The Village of St. Edward (collectively "Persons"). I authorize Organization to obtain information related to the Applicants income, assets, trusts, real and personal property holdings, life insurance, annuities, debts, obligations, guaranties, and any other encumbrances. I further authorize and request all Persons possibly having information relevant to the Applicants' application to supply such information to Organization

I further authorize and consent to the release by Organization to Persons of any information and/or documents Organization may have concerning the Applicants' application, as long as such release of information is made in good faith.

I hereby release Organization and any Persons from any and all liability arising out of the release of information, including otherwise privileged or confidential information, concerning my income, assets, trusts, real and personal property holdings, life insurance, annuities, debts, obligations, guaranties, and any other encumbrances.

Photocopies of this release will be as binding as the original.

### APPLICANT

### APPLICANT

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

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

### REPRESENTATIVE

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

\_\_\_\_\_  
*Authority to Authorize the Release of Financial Information*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*