



Address: _____, Date keys given and lease signed: _____

VILLAGE APPLICATION FOR RESIDENCY

Name: Ms _____ Phone: _____
Mrs. _____
Mr. _____

Address: _____

Date of Birth: _____ Age: _____ County of Residence: _____

Name of Spouse: _____ if deceased, when? _____

Spouse's date of birth: _____ Anniversary Date: _____

U.S.Citizen? Yes ___ No ___ Served military duty? Yes ___ No ___ What branch? _____

Social Security # _____ - _____ - _____ Medicare # _____ - _____ - _____

Spouse's Social Security # _____ - _____ - _____ Medicare # _____ - _____ - _____

Primary Language: _____ Secondary Language: _____

Insurance Company(s) _____

Other than Medicare:

I.D.# _____ Acct.# _____ Code: _____

I.D.# _____ Acct.# _____ Code: _____

LIST OF CONTACTS

Name: _____ Relationship: _____

Address: _____

Phone # _____ Cell # _____ Work # _____

Email Address: _____

Name: _____ Relationship: _____

Address: _____

Phone # _____ Cell # _____ Work # _____

Email Address: _____

Name: _____ Relationship: _____

Address: _____

Phone # _____ Cell # _____ Work # _____

Email Address: _____

Name: _____ Relationship: _____

Address: _____

Phone # _____ Cell # _____ Work # _____

Email Address: _____

Whom do you wish notified in the event of emergency?

Name: _____ Relationship: _____

Address: _____

Phone # _____ Cell # _____ Work # _____

SOCIAL SERVICE INFORMATION

1. What are your current living arrangements? _____

2. What are your reasons for desiring to live at Hubbard Hill?

3. Your profession or occupation? _____ Year of retirement _____

5. Spouse's occupation: _____ Year of Retirement _____

6. Church membership or affiliation: _____

Clergyman: _____ Phone: _____

Hobbies, interests, or talents: _____

Clubs, memberships or civic organizations you are involved in: _____

NECESSARY FINANCIAL INFORMATION

Will you be paying for the services provided out of your own funds? Yes ___ No ___

If you are paying out of your own funds, you must qualify financially. It is important, in the interest of prospective residents, as well as the facility, to determine in advance whether or not an applicant is able to pay the cost of residency at Hubbard Hill. The following information is needed for such an evaluation. If you should desire not to disclose your financial status, a statement from your banker, financial planner, or trust officer assuring the facility that you will have adequate resources to meet your monthly obligations, will be accepted.

1. My approximate monthly income is:

2. Cash Assets:

Bank: _____ Location: _____

Checking Account #: _____ Savings Account #: _____

Balance in Account: _____ Balance in Account: _____

Certificates of Deposit? Yes _____ No _____

If yes, identify the bank or institution where held and amount:

(Institution) (Amount)

(Institution) (Amount)

(Institution) (Amount)

Safe Deposit Box? Yes _____ No _____

If yes, indicate location. Bank Name: _____

3. Real Estate Assets:

Do you own a home? Yes _____ No _____ Approximate value: \$ _____

Mortgage balance: \$ _____

Do you own any other property? Yes _____ No _____

Do you own any Life Estates? Yes _____ No _____

If yes, where is the property located? _____

Do you have any "rental" income? Yes _____ No _____

How much per month? \$ _____ per year \$ _____

4. Life insurance Cash Value:

Do you have life insurance policies with cash value? Yes _____ No _____

The approximate amount of cash value? _____

Annuities: \$ _____

Company Name: _____

Agents Name: _____ Agents telephone # _____

Is there a Burial Trust Fund? Yes _____ No _____

If yes, where? _____

5. Securities:

Do you have stocks and/or bonds? Yes _____ No _____

Approximate value of all securities: \$ _____

Agent handling securities: Name: _____

Address: _____

Telephone Number: _____

6. Other Income:

Social Security Check: \$ _____ Disability Check: \$ _____

Pension: \$ _____ From: _____ Other: \$ _____

Spouse's Social Security Check: \$ _____ Pension: \$ _____

Annuity: \$ _____ From: _____

Identify who receives each monthly check: _____

7. The Hubbard Hill monthly statement should be mailed to:

Name:

Address:

Phone # _____ Relationship: _____

REFERENCES

Please give us the names of three individuals, not related to you, as personal references.

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

AUTHORIZATION AND CONSENT FOR APPLICATION

Everything stated in this application is true and correct. I understand that Hubbard Hill Estates, Inc. will check my bank references and credit history and I authorize this. I also understand Hubbard Hill Estates, Inc., considers this application as a continuing statement of financial condition and I agree to notify the facility in writing of any substantial change in the financial condition. All of this information will be kept strictly confidential by the facility. I agree that a photocopy shall have the full force and effect as the original of this application.

Signature of Resident: _____ Date: _____

Sponsor/Responsible Party: _____ Date: _____

I heard about Hubbard Hill from: _____

NONDISCRIMINATION POLICY

As a recipient of Federal financial assistance, Hubbard Hill does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Hubbard Hill directly or through a contractor or any other entity with which Hubbard Hill arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

In case of questions, please contact:

Provider Name: Hubbard Hill Estates, Inc.

Contact Person/Section 504 Coordinator: Patrick Pingel

Telephone number: 574-295-6260



28070 C.R. 24 West, Elkhart, IN 46517-9717
Phone: 574.295.6260 Toll Free: 866-295-6260 Fax: 574.295.5852
Website www.hubbardhill.org Like us on Facebook!