

**APPLICATION FOR MEADOWS INDEPENDENT LIVING VILLAS****I. General Information**Name \_\_\_\_\_  
*Last First Middle*

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security# \_\_\_\_-\_\_\_\_-\_\_\_\_

Spouse \_\_\_\_\_  
*Last First Middle*

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security# \_\_\_\_-\_\_\_\_-\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip Code*Phone:  
Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Activities and Interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**II. Health Information**

Please describe your present physical condition, listing any serious illnesses, chronic physical problems, or recent illness:

Applicant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Spouse \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Physician \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip Code*

**III. Financial Information**

Annual Household Income:

 Less than \$15,000     \$15,000 – 20,000     \$20,000 - \$25,000 \$25,000 – 30,000     Over \$30,000

Assets / Real Estate:

Checking \_\_\_\_\_ Savings \_\_\_\_\_

CD/Money Market \_\_\_\_\_ Stocks/Bonds \_\_\_\_\_

Annuities \_\_\_\_\_ IRA \_\_\_\_\_

Other \_\_\_\_\_

Do you own your own home?    yes     no

If yes, how long have you owned it? \_\_\_\_\_ Approximate Value \_\_\_\_\_

Outstanding mortgage \_\_\_\_\_

Other real estate owned and approximate value \_\_\_\_\_

Any other asset(s) or sources of income \_\_\_\_\_

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**IV. Contact Information***First Contact:*Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*Last First*Address \_\_\_\_\_  
*Street City State Zip Code*

Phone:

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

*Second Contact:*Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*Last First*Address \_\_\_\_\_  
*Street City State Zip Code*

Phone:

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**V. Meadows Mennonite Retirement Community admits people without regard to race, color, or national origin.**

**VI. Applicant's Agreement and Signature**

This application is not binding upon the applicant or Meadows Mennonite Retirement Community. It simply indicates the applicant's interest in becoming a resident and provides general information. No application fee is charged.

I understand it is to be treated as confidential and is to be used by the Board of Directors and Administration in determining my eligibility for residence in Meadows Mennonite Retirement Community.

Applicant(s) Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

Please bring in the following for duplication or attach a copy:

1. Medicare Card
2. Social Security Card
3. Other Health Insurance Cards
4. Living Will/Power of Attorney for Health Care and POA for Property
5. Guardianship, Conservatorship, or Bank Trust Correspondents.

**VII. Resident Interest**

Burt Village:  One Bedroom  Two Bedroom  Garage

The Courts:  Oak  Evergreen  Maple  North Court Village

Please call me.....  When a unit is available  Every 6 months  
 Annually around \_\_\_\_\_  Don't call me, I will call when ready

**VIII. Additional Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_