

Trinity Oaks General Information

Full Name _____ Social Security # _____

Present Address _____

City _____ State _____ Zip _____ Phone _____

Family History

Second Home (If Applicable) Address _____

City _____ State _____ Zip _____ Phone _____

Where Is Your Legal Residence _____ How Long? _____

Date of Birth _____ Birthplace _____

Marital Status Single _____ Married _____ Widowed _____ Divorced _____

If Married, Name of Spouse _____

Please List Any Living Children

Name _____ Occupation _____

Address _____

City _____ State _____ Zip _____ Phone _____

Name _____ Occupation _____

Address _____

City _____ State _____ Zip _____ Phone _____

Name _____ Occupation _____

Address _____

City _____ State _____ Zip _____ Phone _____

If More Space Is Needed, Please Use Back of Form

Personal History

Where have you lived most of your life? _____

What is your occupation/trade/profession? _____

What are your hobbies? _____

Church Life (Optional)

Denomination _____ Congregation _____

Church Address _____

How long have you been a member of this congregation? _____

List forms of service you have rendered through the church _____

Personal Health Application

Present/Former Occupation _____ Retirement Date _____

Do you live alone? Yes _____ No _____ If no, with whom do you live? _____

Describe the general condition of your health: Excellent _____ Good _____ Fair _____ Poor _____

Please provide contact information for your personal physician:

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Do you authorize Trinity Oaks to discuss your health with the above physician?

Please initial Yes _____ No _____

Are you presently under the care of your personal physician? Yes _____ No _____

Have you ever been under the care of any of the following?

Cardiologist	Name _____	Last Visit _____
Neurologist	Name _____	Last Visit _____
Psychologist/Psychiatrist	Name _____	Last Visit _____
Ophthalmologist	Name _____	Last Visit _____
Urologist	Name _____	Last Visit _____
Podiatrist	Name _____	Last Visit _____
Rheumatologist	Name _____	Last Visit _____
Audiologist	Name _____	Last Visit _____

List any conditions currently being treated: _____

List any medications being taken: _____

Medicare Number _____ Part A _____ Part B _____

Supplemental or Other Health Insurance Policies:

Company	Policy Number	Nature of Coverage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____ Date _____

Received by _____ Date _____

Trinity Oaks Financial Application

Confidential Financial Statement

Each applicant for admission is required to give a disclosure of financial resources and obligations. Trinity Oaks respects the privacy of every applicant and does not wish to intrude into any applicants personal financial circumstances other than to have the assurance that the funds needed under the agreement are adequate. Information will be kept strictly confidential and will be used solely for the purpose of determining eligibility. Please complete this form in its entirety. If a section does not apply please write "N/A"

Name: _____ Age: _____ Social Security: _____
 Spouse: _____ Age: _____ Social Security: _____
 Address: _____ Telephone: () _____
 Residence Desired: _____ Entrance Fee: _____ Monthly Fee: _____

Please list your income and monthly expenses:

	Applicant Monthly Income	Spouse Monthly Income
Regular Income		
Social Security		
Civil Service Pension		
Railroad Retirement Plan		
Teacher's Retirement Plan		
Other Government Agency Plan		
Company Retirement Plan		
Annuity/Insurance Plan		
Trust Fund Income		
Payment On Loans, Notes & Mortgages owed to you		
Investment Income		
Rental Property Income		
Interest on Savings & CD's		
Income from Stocks & Bonds		
Other (Please explain on back)		
Total Monthly Income		
For Trust Funds, Indicate the balance in the fund _____		
Can the Principal of the trust be used if needed? Yes _____ No _____		
Are assets jointly held? If so, with whom: _____		

Note: List below any pertinent information regarding expiration dates on the above listed sources of income. Explain if pension and annuity plans include survivor benefits. Indicate if the amounts are reduced and to what level. If married, indicate any assets which will not be available for your spouse at your death.

Do you anticipate any significant changes in your financial situation in the next 3-5 years?

_____ No _____ Yes If so, please attach explanation

Please list your assets and liabilities

Assets	Amount
Reservation Deposit	
Checking Account	
Savings Account	
Certificates of Deposit	
Government Securities	
Total Listed Securities*	
Total Unlisted Securities*	
Accounts Receivable	
Home Value	
Other Real Estate Owned**	
Life Ins., Cash Values**	
Personal Property	
IRA's	
Other Assets	
Total Assets	

Liabilities	Amount
Notes Payable to Banks	
Accounts & Bills Due	
Real Estate Mortgage(s)	
Other Debts	
Other Liabilities	
Total Liabilities	

Net Worth = Total Assets - Total Liabilities

Net Worth

*See Total Listed Securities and Total Unlisted Securities on next page

** Please Explain _____

Life Insurance

Face Value	Insurance Company	Beneficiary/Relationship

Estimate of Personal Expenses as a Resident at Trinity Oaks

Please estimate your monthly personal expenses **as a resident of Trinity Oaks**. The list that follows is to assist you in making your estimate. This list is by no means all inclusive. You may think of additional items.

Monthly Fee at Trinity Oaks	
Renter's Insurance	
Income Taxes	
Telephone	
Premium Cable Television (Basic Cable added to monthly fee)	
Groceries (One meal per day & breakfast included in monthly fee)	
Laundry and Dry Cleaning	
Church Tithes and Offerings	
Other Contributions	
Automobile Insurance	
Automobile (Gas, Repairs, etc.)	
Life Insurance	
Medical Insurance (Medicare & Supplemental)	
Medications	
Medical Bills	
Clothing	
Hairdresser/Barber	
Entertainment/Travel	
Gifts - <i>Please list specifically below:</i>	
Other	
Total Estimate of Monthly Personal Expenses	

I (we) affirm that this information is substantially complete and correct to the best of my (our) knowledge.

Signature Date

Signature Date

Please Read Carefully

I declare that all of the information on this Application form and statements made by me with regard to *this* application are complete, true, and correct.

I hereby agree that, upon acceptance at **Trinity Oaks**, I will make no voluntary changes in financial status through gifts, sales, dispositions of property, or annuitizing of any funds, to the extent that it would significantly affect my ability to pay my personal expenses, monthly maintenance fee, remainder of any entrance fees due and the cost of health care and long term care.

I understand that if I change my health insurance to an HMO or other managed care program, I may be precluded by the insurance plan from receiving health services or medical care from **Trinity Oaks** or **The Lutheran Home at Trinity Oaks**.

I agree to submit a fully executed Residency Agreement within 10 days of notification of the approval of the Resident Application, accompanied by a deposit equal to 10% of the total entrance fee less the \$1000.00 reservation deposit.

I hereby consent to the verification of statements made herein by a representative of **Trinity Oaks**, and authorize release of credit and financial information for such purposes.

I have received a Disclosure Statement for **Trinity Oaks**.

Signature

Date

Signature

Date

Received By

Date