

INSTRUCTIONS

Thank you for choosing Cypress Glen Retirement Community as your new home. We are affiliated with the North Carolina Conference, Southeastern Jurisdiction, of the United Methodist Church. Applications are received and processed without regard to race, color, religion, sex, national origin or disability.

Application Checklist

- ❑ Check in the amount of \$250.00 for an individual or \$350.00 for a couple for the non-refundable application fee
- ❑ Copy of the last two years' Federal 1040 (front pages only)
- ❑ Substantiating evidence of financial information (from the Confidential Data Application form), i.e. bank statements, stock statements, etc.
- ❑ Copy of Medicare and health insurance cards (front and back)
- ❑ Copy of your Long Term Care Insurance policy, if applicable

Prior to move-in we will need the following:

- ❑ Copy of your Power of Attorney
- ❑ Copy of your Health Care Power of Attorney
- ❑ Copy of Living Will

The logo for Cypress Glen features the name "Cypress Glen" in a large, elegant, black cursive script. A thin green horizontal line is positioned beneath the text, extending slightly beyond the left and right edges of the letters.

GREENVILLE'S CHOICE FOR SENIOR LIVING

Surround yourself with possibility

P.2 – Cypress Glen Retirement Community - Application For Residency

Person/firm responsible for business affairs: _____
Name Relationship

Address

Phone Number(s)

Children /Nearest Relatives/Emergency Contact Persons

1) _____
Name/Relationship

3) _____
Name/Relationship

Address

Address

City State Zip

City State Zip

Phone Number(s)

Phone Number(s)

2) _____
Name/Relationship

4) _____
Name/Relationship

Address

Address

City State Zip

City State Zip

Phone Number(s)

Phone Numbers(s)

I make this application for residency in the retirement community chosen above, sponsored by Cypress Glen Retirement Community of my own free will and accord. It is my purpose to make said retirement community my permanent home. I declare the foregoing to be true, full and complete.

Date

Signature of First Person

Date

Signature of Second Person



Cypress Glen Retirement Community Confidential Data Application

First Person

Second Person

Name: _____
Last
First
Middle

Name: _____
Last
First
Middle

Date of Birth: _____

Date of Birth: _____

ASSETS

It will be assumed that all assets listed will be available for your lifetime use.

DESCRIPTION	FIRST PERSON	SECOND PERSON	Total/Combined
Value of Residence	\$ _____	\$ _____	\$ _____
Other Real Estate Equity	\$ _____	\$ _____	\$ _____
Savings/CDs	\$ _____	\$ _____	\$ _____
Stocks/Bonds	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____
IRA/401K	\$ _____	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____	\$ _____
Annuities	\$ _____	\$ _____	\$ _____
Trusts	\$ _____	\$ _____	\$ _____
Checking Accounts/Money Market	\$ _____	\$ _____	\$ _____
Life Insurance (Cash Value)	\$ _____	\$ _____	\$ _____
Total Assets	\$ _____		

LIABILITIES

Mortgage on Home/Real Estate	\$ _____
Other Debts (Total)	\$ _____
Total Liabilities	\$ _____

NET WORTH

Total Assets minus Total Liabilities \$ _____

Long Term Care Insurance	First Person	Second Person
Benefit Period (Years)	_____	_____
Elimination Period (Days)	_____	_____
Home Care Daily Benefits	\$ _____	\$ _____
Assisted Living Daily Benefits	\$ _____	\$ _____
Nursing Care Daily Benefits	\$ _____	\$ _____
Inflation Adjusted (Yes/No)	_____	_____
Annual Premium	\$ _____	\$ _____
Premium Inflation (%)	_____	_____

P. 2 Cypress Glen Retirement Community - Confidential Financial Statement

MONTHLY INCOME

	First Person	Second Person	Total/Combined
Social Security	\$ _____	\$ _____	\$ _____
Pension and Retirement	\$ _____	\$ _____	\$ _____
Interest/Dividend Income	\$ _____	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____	\$ _____

**Please identify the specific investment from which interest/dividend income is derived*

List Financial Institutions with whom you have accounts (banks, savings & loan, brokers, etc):

Name:	Mailing Address:	Phone:
_____	_____	_____
_____	_____	_____

MONTHLY EXPENSES

Prescriptions & other medical costs	\$ _____	\$ _____	\$ _____
Meals and utilities that are not included in monthly resident fee	\$ _____	\$ _____	\$ _____
Travel and entertainment	\$ _____	\$ _____	\$ _____
Personal items and clothing	\$ _____	\$ _____	\$ _____
Automobile expenses	\$ _____	\$ _____	\$ _____
Insurance premiums	\$ _____	\$ _____	\$ _____
LTC insurance (if applicable)	\$ _____	\$ _____	\$ _____
Other (describe)	\$ _____	\$ _____	\$ _____
Total Monthly Expenses	\$ _____	\$ _____	\$ _____

I (we) certify that the information given on this Confidential Financial Statement is true and correct and may be relied upon as a basis for admission. I (we) give permission to The United Methodist Retirement Homes, Incorporated to verify the financial information contained in this Confidential Financial Statement for the purpose of processing my (our) Application for Residency. I (we) further authorize The United Methodist Retirement Homes, Incorporated to request additional information concerning my (our) finances.

_____ **Date** _____ **Signature** _____ **First Person** _____ **Second Person**



CYPRESS GLEN RETIREMENT COMMUNITY
Personal Health History

First Person: _____

Second Person: _____

Date of Birth _____ **Age** _____

Date of Birth _____ **Age** _____

Medicare #: _____

Medicare #: _____

Part(s) _____

Part (s) _____

Health Insurance #2: _____

Health Insurance #2: _____

Co./Group No. _____

Co./Group No. _____

Policy ID # _____

Policy ID # _____

Long Term Care Insurance ___Y ___N

Long Term Care Insurance ___Y ___N

Carrier _____

Carrier _____

Policy ID# _____

Policy ID# _____

Current Primary Physician: *A Local Primary Physician is necessary prior to moving into Cypress Glen.*

First Person

Second Person

(Name) _____

(Name) _____

(Address) _____

(Address) _____

(Phone) _____

(Phone) _____

Health Care Power of Attorney-First Person

Health Care Power of Attorney – First Person

(Name) _____

(Name) _____

(Address) _____

(Address) _____

(Phone) _____

(Phone) _____

Do you have a living will? First Person Y/N

Second Person Y/N

Do you need assistance with the following:

	<u>First Person</u>		<u>Second Person</u>	
	Yes	No	Yes	No
Ability to ambulate independently or with the assistance of auxiliary aids	_____	_____	_____	_____
Ability to use the toilet without assistance from others	_____	_____	_____	_____
Ability to self-administer medication responsibly and in correct dosages at correct times without assistance	_____	_____	_____	_____
Ability to remember date, time, place or person orientation	_____	_____	_____	_____
Ability to fully participate in planning and exercising good judgement in decisions made on matters on personal health and welfare, or ability to participate in planning and decision-making with minor dependence on others	_____	_____	_____	_____
Aware of and the ability to follow routine safety procedures without assistance from others	_____	_____	_____	_____
Ability to obtain items needed for daily living	_____	_____	_____	_____
Ability to manage own personal and financial matters in a responsible fashion without assistance from others	_____	_____	_____	_____
Ability to travel independently in a vehicle, or arrange for travel through mass transit or taxi services without assistance from others	_____	_____	_____	_____
Ability to bathe without assistance from other	_____	_____	_____	_____
Ability to groom hair, nails, body and clothing without assistance from others	_____	_____	_____	_____

First Person

Second Person

Yes No

Yes No

Ability to dress appropriately without assistance from others

Ability to communicate independently or with the use of auxiliary aids

Ability to use and complete a telephone call without the assistance of others

For each activity you require assistance with as noted above, please explain how your need will be met.

First Person

Second Person

Please answer the following:

First Person

Second Person

Yes No

Yes No

Do you smoke?

PLEASE NOTE: The residences are smoke-free, as are the common areas of the community.

Are you a current illegal abuser or addict of a controlled substance?

Have you been convicted of the illegal manufacture or distribution of a controlled substance?

First Person

Second Person

Yes No

Yes No

Do you require special modifications to your living unit in order to occupy the living unit?

Is there any reason why your residence would constitute a direct threat to the health of safety of yourself or others or would result in substantial damage to the property of others?

If you answered YES to any of the above questions, please explain

First Person _____

Second Person _____

I hereby declare that all statements made herein are true according to my best knowledge and belief.

I acknowledge that failure to complete this information accurately is grounds for the denial or revocation of living unit occupancy.

First Person Date

Second Person Date