



## VILLAGE APPLICATION FOR RESIDENCY

Name: Ms./Mrs. \_\_\_\_\_ Mr. \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address(s): \_\_\_\_\_

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

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address: \_\_\_\_\_

4. 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: \_\_\_\_\_

Interested in volunteering at Hubbard Hill? \_\_\_\_\_

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 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: \$ \_\_\_\_\_

Will proceeds from the sale of your home be used to pay for your expenses while at Hubbard Hill?  
Yes \_\_\_\_\_ No \_\_\_\_\_

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 \_\_\_\_\_

Rental Income - 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 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, sexual orientation 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



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