

APPLICATION FOR RESIDENCY

Schowalter Villa seeks to help every person make the best possible choice for their retirement. Services are provided without regard to sex, race, color, religion, or national origin. **Each applicant is required to fill out this application form and submit with a non-refundable application fee of \$150.** (One fee per household) Thank you for considering Schowalter Villa for your retirement needs.



200 West Cedar
 Hesston, KS 67062
 620-327-0400
 Fax: 620-327-4262

Full Name _____ Phone _____
First MI Last

Address _____
Street/P.O. Box City County State Zip E - m a i l
 address

Birth date _____ Birth place _____ Sex: Female Male

Marital Status: Single Married Widow Widower Date Married _____

Name of Spouse _____ If not living, date of death _____

***Power of Attorney: Legal / Financial:**

Name	Relationship	Address	Primary Phone#	Secondary Phone #	Email Address

***Power of Attorney: Healthcare / Medical:**

Name	Relationship	Address	Primary Phone#	Secondary Phone #	Email Address

***Relatives: (List in order of primary contacts)**

Name	Relationship	Address	Primary Phone#	Secondary Phone #	Email Address

*Names and addresses may be used for public relations, marketing, and development purposes. Please notify the Fund Advancement office at (620) 327-2007 if you do not want information used.

Home congregation _____

Pastor(s) _____

Address _____ Phone _____

Social Security No. _____ Medicaid No. _____

Medicare No. _____ Part A (hospital): Yes No Part B (medical): Yes No

Supplemental Health Insurance Co. _____ No. _____

Do you have Long-Term Care Insurance? No Yes, Please list carrier and benefits: _____

Mortuary Preference _____

Family physician _____

Address _____ Phone _____

Durable Power of Attorney for Health Care Decisions _____

Address _____ Phone _____

HOUSING What type of housing would you prefer?

Assisted Living _____ Single Room _____ Suite

Health Care _____ Private Room _____ Semi-Private Room

Entrance Date: As soon as possible Future (give approximate date) _____

The following financial information will be used to facilitate our discussion with you regarding your housing options. This information will be used to assess how we may be able to assist you if/when you require additional assistance. All information provided is confidential.



FINANCIAL INFORMATION

Income:

	Value		Value
Private Pension	\$ _____	Social Security	\$ _____
Life Estate	\$ _____	Annuities	\$ _____
Trust Income	\$ _____	Interest Income	\$ _____
Other	\$ _____	please specify type:	_____

Have you or your spouse: Sold, given away, changed ownership on any property in the last 5 yrs?

Yes No

ASSETS	\$0 - \$2,000	\$3,000 - \$75,000	\$76,000 - \$250,000	\$251,000 +
Checking				
Savings Account				
CD's				
Stocks/Bonds				
Real Estate/Home Address(es): _____ _____ (Attach page if needed)				
IRAs				
Funds in Trust				
Life Insurance				

I verify that the above information provided is true, accurate, and complete to the best of my knowledge. I give Schowalter Villa permission to inquire about the above information in an attempt to determine my need for financial assistance.

Signed: _____

Date: _____

FOR OFFICE USE ONLY:

Application Fee Paid Date Application Received _____ Staff initials _____