

FRIENDS FELLOWSHIP COMMUNITY, INC.
2030 Chester Boulevard Richmond, Indiana 47374
APPLICATION FOR MEMBERSHIP
(If more space is needed use separate sheet and fasten securely)

PART I. GENERAL INFORMATION Name (s) in full: (please print or type)

1. (a) Name: _____

(b) Name: _____

2. Address: _____

3. City: _____ State: _____ Zip: _____ County: _____

4. Telephone: area code (_____) _____

5. Social Security Number (a) _____ (b) _____

6. Marital status: _____ If widowed/divorced, name of spouse: _____

(a.) Maiden Name: _____

7. Date (a) _____ Present Age: _____ Place: _____

of

Birth: (b) _____ Present Age: _____ Place: _____

8. Child(ren): Name - Address - Telephone:

9. Please list three personal references (unrelated) whom we can contact (name and address):

PART II. LIVING ACCOMMODATION

1. Apartment size desired: _____ 2. Current Monthly Fee \$ _____

3. I am interested in: Independent Housing Independent Living Apartment Independent Apartment
Assisted Residential Apartment Health Care Center The Courtyards (Alzheimer's Center)

4. Non-refundable deposit: \$200 (Please include check with application)

PART III. HEALTH INFORMATION

1. Medicare Claim Number (a)_____ (b)_____

2. In case of medical emergency, please notify (give relationship, name, address and telephone number):

First contact: _____

Secondary contact: _____

3. Give brief list of past major health problems (such as diabetes, heart disease, arthritis, etc.) (a & b)

4. Any mental/emotional problems? (a & b) _____

5. Are you willing to have a physical examination by a doctor chosen by the Friends Fellowship if necessary?

____ YES ___ NO

6. Name, address, telephone number of your **primary care physician**: (a & b)_____

7. Name, address, telephone number of your **dentist**: (a & b) _____

8. I am currently being treated by a physician for the following conditions: (a & b)_____

9. Considering my age, I consider my overall health to be (circle one): (a) Excellent Good Fair Poor

(b) Excellent Good Fair Poor

10. List health and life insurance policies:(include type of policy, company and policy number)

Type of policy	Company	CVLI	Death Benefit	Policy Number
----------------	---------	------	---------------	---------------

PART IV. FINANCIAL STATEMENT ASSETS

Please list your assets by **type** (i.e., certificates of deposit, bonds, mutual funds, checking accounts, trust fund, savings accounts, annuities), the **institution/bank** in which the asset is held, and the **current value** of the asset.

If you own real estate, please list the type of property (house, farm land, rental), the address of the property, and the estimated market value.

If you own stocks, please list the number of shares you own, the company, and the current market value.

For each asset, please indicate who owns the contract, i.e.: "a" only, "a+b". For example,

<u>C.D.</u>	<u>American Bank</u>	<u>\$ 10,493</u>	<u>a + b</u>
Type of Asset	Institution	Value	Owned by
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____
4. _____	_____	\$ _____	_____
5. _____	_____	\$ _____	_____
6. _____	_____	\$ _____	_____
7. _____	_____	\$ _____	_____
8. _____	_____	\$ _____	_____
9. _____	_____	\$ _____	_____
10. _____	_____	\$ _____	_____
11. _____	_____	\$ _____	_____
12. _____	_____	\$ _____	_____

Which assets listed above are you currently drawing income from?

I am currently receiving income from assets numbered _____

LIABILITIES

Please list any debt you currently have. Describe the type of debt, total amount owed, and interest rate.

Type of debt	Total amount owed	Interest Rate
_____	_____	_____
_____	_____	_____
_____	_____	_____

INCOME

- 1. Social Security (Gross) (A) \$_____ per month (B) \$_____ per month
- 2. Interest \$_____ per _____ (B) \$_____ per _____
- 3. Dividends \$_____ per _____ (B) \$_____ per _____
- 4. Pension/Retirement Plan (A) \$_____ per _____ (B) \$_____ per _____
- 5. _____ (A) \$_____ per _____ (B) \$_____ per _____
- 6. _____ (A) \$_____ per _____ (B) \$_____ per _____

7. For the income sources mentioned above, what amount, if any, will spouse receive through survivor benefits?
_____ (A) \$_____ (B) \$_____ Not applicable

8. The pension/annuity is: (A) For life, or Defined period (____ years remaining)
(check one)
(B) For life, or Defined period (____ years remaining)

AVERAGE EXPENSES

Please list all expenses, but only those expenses you will continue to have after moving to Friends Fellowship. It is not necessary to list utilities, grocery bills, etc.

- Medication \$_____ per month
- Medicare Supplement \$_____ per month
- Other insurance premiums \$_____ per month
- Transportation \$_____ per month
- Charitable Contributions \$_____ per month
- Telephone \$_____ per month
- Personal \$_____ per month
- Travel \$_____ per month
- Income Taxes \$_____ per month
- Other _____ \$_____ per month

My finances are administered by _____

(list name and address of responsible person)

PART V. MISCELLANEOUS

1. Business or profession before retirement (please give job title, occupation, place and length of employment):

(a) _____

(b) _____

2. Educational background:

(a) _____

(b) _____

3. Approximate date occupancy desired: _____

4. How did you learn about Friends Fellowship Community? _____

5. What are your principal reasons for making this application? _____

6. Church Membership _____

7. Pastor (name and address): _____

I (we) realize that the information contained in this application is being relied upon by Friends Fellowship Community in weighing my application for approval, and, therefore, will notify Friends Fellowship of any significant changes in this information. I (we) declare that the above information given in this application to be true, full and complete. I (we) give permission to verify the information given.

Date _____

(a) _____
(your signature)

(b) _____
(your signature)

(Do Not Write In This Space)

Approved/Disapproved

By: _____ Date: _____

Signature