

The Gardens

Does applicant have the following? If marked "yes", please provide copies of the documents.

| DOCUMENT | Yes | No | Name of POA's, Conservator, Guardian |
|-------------------------------------|-----|----|--------------------------------------|
| Living Will* | | | |
| *Physician statement enacting POA's | | | |
| General Power of Attorney | | | |
| Healthcare Power of Attorney | | | |
| Financial Power of Attorney | | | |
| Conservator | | | |
| Guardian | | | |
| Pre-paid Burial | | | |

Funeral Home Preference:

Address _____ City _____ State _____ Zip _____ Phone _____

In case of emergency, please notify the following (Please list in order of preference)

| Name, Mailing Address, City, State, Zip | Relationship | Phone Number Work, Home, Cell |
|---|--------------|----------------------------------|
| | | |
| | | |
| | | |
| | | |

Person responsible for account (Please provide documentation of financial POA)

| Name, Mailing Address, City, State, Zip | Relationship | Phone Number Work, Home, Cell |
|---|--------------|----------------------------------|
| | | |



The Gardens

Financial Statement

Monthly Income - Applicant

1. Social Security \$ _____
2. Pension \$ _____
3. Interest & Dividends \$ _____
4. Other Income \$ _____

Monthly Total (Add lines 1-4) \$

Spouse (if applicable)

1. Social Security \$ _____
2. Pension \$ _____
3. Interest & Dividends \$ _____
4. Other Income \$ _____

Monthly Total (Add lines 1-4) \$

Assets and Liabilities

A. Assets owned jointly and separately by the admitting applicant and other person(s) which are available to the applicant only:

1. Real Estate \$ _____
2. All other assets (ie: stocks bonds, mutual funds, savings accounts, Certificate of Deposits, Etc.) \$ _____
3. Less: Off-Setting Liabilities \$ _____

Net Assets owned which are available to the applicant only \$ _____

B. Long Term Care Insurance (for the admitting applicant only)

Name of Insurance Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Policy # _____



LUTHER PARK
COMMUNITY

The Gardens

I certify that the information I have provided in the foregoing application is true and correct and that I am signing as the responsible party. I have either been authorized to provide the information contained in this application or am acting as the applicant's guardian and/or conservator. I understand that The Gardens at Luther Park Community is relying on the accuracy of the information provided in this application in order to make a decision on admission. I understand and agree that any misrepresentation of any information provided in this application is grounds for rejection of this application. I further understand and agree that if any misrepresentation of any information provided in this application is discovered after admission, and admission would not have been granted if the correct information had been provided. The Gardens at Luther Park Community reserves the right to pursue any legal, equitable, or other remedies it may have against the applicant and/or responsible party signing the application below on behalf of the applicant.

I further understand that The Gardens at Luther Park Community is committed to promoting good health and safety among its residents and, therefore, **SMOKING BY RESIDENTS IS PROHIBITED ON FACILITY PROPERTY.**

Signature: _____

Date: _____

