



Live connected. Live well.

2741 North Salisbury Street West Lafayette, Indiana 47906 765.463.7546  
*A Continuing-Care Retirement Community*

A deposit of \$1,000 must accompany this completed application. The deposit can be refunded at anytime by request of the applicant. If an individual is found not to qualify for admissions, the entire deposit will be refunded. When the prospective resident(s) has been approved for admission, the deposit will be applied towards the Monthly Service Fee or Entry Fee.

### CONFIDENTIAL APPLICATION INFORMATION

**First (1<sup>st</sup>) Applicant:** \_\_\_\_\_  
Last First Middle

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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

**Past or Present Profession:** \_\_\_\_\_

**Second (2<sup>nd</sup>) Applicant:** \_\_\_\_\_  
Last First Middle

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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

**Past or Present Profession:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Person who administers your financial affairs:** \_\_\_\_\_

**Living Arrangements:**  
 By Self  With Spouse  With others, explain: \_\_\_\_\_

**Marital Status:**  Single  Married  Widowed

**(1<sup>st</sup>) Date of Birth:** \_\_\_\_\_ **(2<sup>nd</sup>) Date of Birth:** \_\_\_\_\_

**(1<sup>st</sup>) Social Security #:** \_\_\_\_\_ **(2<sup>nd</sup>) Social Security #:** \_\_\_\_\_

**When would you like to move in?** \_\_\_\_\_  Undecided

**In what size apartment(s) are you interested in?**

**Independent Living:**

- Studio (~420 sq ft)                       1-bedroom (~504 sq. ft.)                       2-bedroom Standard (~735 sq ft)  
 2-bedroom Expanded (~903 sq ft)     2-bedroom Deluxe (~1,008 sq ft)  
 2-bedroom + study Grand Classic (~1,155 sq ft)     2-bedroom + den Grand Deluxe (~1,239 sq. ft.)  
 House (sq ft varies)     Hybrid Home (sq ft varies)

**Assisted Living:**

- 1-bedroom (~504 sq. ft.)                       2-bedroom Standard (~735 sq ft)

**I (We) are interested in the:**     Traditional Life Occupancy Fee Option     50% Refundable Life Occupancy Fee Option     90% Refundable Life Occupancy or     Lease Option (Assisted Living Only)

How did you hear about the Village? (advertisement, friend, current resident, etc.)

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Is there any additional pertinent information you wish to include in your records for consideration of residency? \_\_\_\_\_

Have you ever been convicted of a felony?     Yes (please elaborate)                       No

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**FINANCIAL STATEMENT**

Please provide documentation for the verification of the assets/liabilities listed below. Information should be completed for each individual and joint holdings should be noted. The information supplied is strictly confidential.

ASSETS		Is the asset security for a loan?			Is the asset security for a loan?	
		First Person	Yes		No	Second Person
Cash (checking & Savings)	\$			\$		
CDs	\$			\$		
Money markets	\$			\$		
Stocks & bonds	\$			\$		
Government Securities	\$			\$		
IRAs, Annuities	\$			\$		
Funds in Trust*	\$			\$		
*Monies controlled by you.						
House	\$			\$		
Other Real Estate	\$			\$		
Cash Surrender Value	\$			\$		
Life Insurance						
Auto or other personal	\$			\$		
Property						
OTHER ASSETS	\$			\$		
	\$			\$		
<b>TOTAL ASSETS</b>	\$			\$		

<b>LIABILITIES</b>	First Person	Second Person
Mortgage on Real Estate	\$	\$
Other Bank Loans	\$	\$
Loans on Life Insurance	\$	\$
Other Liabilities	\$	\$
<b>TOTAL LIABILITIES</b>	\$	\$

Have you guaranteed any debt owed by another person?  Yes  No

If yes, please give the debtor's name, relationship to you and the amount of debt.

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<b>REGULAR MONTHLY INCOME</b>	First Person	Second Person
Social Security	\$	\$
Pension*	\$	\$
Dividends	\$	\$
Interest Income	\$	\$
Mortgage/Rental Income	\$	\$
IRA Income	\$	\$
Trust Income	\$	\$
Other Monthly Income	\$	\$
<b>TOTAL MONTHLY INCOME</b>	\$	\$

\*With regard to monthly pension income reflected, will the monthly payment continue in the same amount to the life of the other person listed (generally the surviving spouse)?  Yes  No

If no, what will the monthly payment be after the death of the recipient? \$\_\_\_\_\_

<b>OTHER MONTHLY EXPENSES:</b>	First Person	Second Person
Real Estate Taxes	\$	\$
Personal Taxes	\$	\$
Health Insurance	\$	\$
Home/Auto Insurance	\$	\$
Other Significant Expenses	\$	\$
<b>TOTAL MONTHLY EXPENSES</b>	\$	\$

Are any assets pledged other than as described above? If so, please describe.

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Income Tax settled through (date) \_\_\_\_\_

Are you a defendant in any suits or legal actions? If so, please describe:

\_\_\_\_\_

Do you currently have long term benefit insurance?

If yes, who is the carrier: \_\_\_\_\_

Name of person(s) covered: \_\_\_\_\_

1<sup>st</sup> Person: What is the daily benefit: \$\_\_\_\_\_ Duration of benefit: \_\_\_\_\_ days

2<sup>nd</sup> Person: What is the daily benefit: \$\_\_\_\_\_ Duration of benefit: \_\_\_\_\_ days

Do you have a trust officer or power of attorney? If so, please list their name, address and contact number.

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

I hereby make application for residence in WESTMINSTER VILLAGE WEST LAFAYETTE, INC. (the Village), at the above address, and submit the following information to the Membership Review Committee for consideration in the determination of my acceptance as a resident of the Village.

By signing this application form, I attest that the information is accurate to the best of my knowledge.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Your complete medical history and physical examination results will be recorded on another form and must be submitted no sooner than 60 days prior to your occupancy at Westminster Village.

Westminster Village reserves the right to verify any information provided on this application.

