



A Sun Health Senior Living Community

14515 W. Granite Valley Dr.  
Sun City West, AZ 85375  
(623) 975-8014  
(623) 546-3752 Fax

## APPLICATION FOR RESIDENCY

**NOTE:** Please complete a separate application for each individual to reside in **Grandview Terrace**. Please answer all questions as completely and accurately as possible. This information will be held in strict confidence. Please bring this completed form to your application appointment or mail to the address listed above. Additionally, a Physician's Statement form must be completed by your doctor prior to residency. Attach additional pages, if necessary.

## PERSONAL HISTORY

Last Name:

First Name:

M.I.:

Address:

Phone #:

City:

State:

Zip:

How long have you been at your current address:

Date of Birth:

Place of Birth:

Social Security Number:

Marital Status:

Spouse's Name:

Spouse's Social Security Number:

Where have you lived most of your life?

Previous Occupation(s):

List Hobbies:

List Community Service Activities:



**PERSONAL HISTORY (continued)**

Are you acquainted with any of our existing residents?      Yes      No

If so, please list names:

Are you a veteran?      Yes      No      Please list date of service:

What church / other religious organizations, if any, are you a member:

Contact name:

Phone #:

**FAMILY HISTORY**

List your close relatives starting with children first, if any:

Name:		Relationship:
Address:	City:	State:      Zip:
Occupation:	Home Phone:	Bus. Phone:

Name:		Relationship:
Address:	City:	State:      Zip:
Occupation:	Home Phone:	Bus. Phone:

Name:		Relationship:
Address:	City:	State:      Zip:
Occupation:	Home Phone:	Bus. Phone:



**FAMILY HISTORY (continued)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_ BusÉPhone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_ BusÉPhone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_ BusÉPhone: \_\_\_\_\_

**HEALTH HISTORY**

Can you care for your normal needs:                      Yes                      No

If no, list limitations:

Do you have a Guardian:                                      Yes                      No

If yes, provide Guardianship documents.

Do you have a medical Power of Attorney?                      Yes                      No

Do you have a financial Power of Attorney?                      Yes                      No







## CONFIDENTIAL FINANCIAL STATEMENT

List companies and amounts of life insurance:

<u>Company / Policy Number</u>	<u>Amount</u>	<u>Beneficiary</u>
--------------------------------	---------------	--------------------

Are you the beneficiary of a life insurance policy:	Yes	No
---	-----	----

<u>Company / Policy Number</u>	<u>Amount</u>	<u>On Whose Life</u>
--------------------------------	---------------	----------------------

Do you owe any debts:	Yes	No
-----------------------	-----	----

<u>Creditor</u>	<u>Amount</u>	<u>Terms / Details</u>
-----------------	---------------	------------------------

Are any debts owed to you:	Yes	No
----------------------------	-----	----

<u>Creditor</u>	<u>Amount</u>	<u>Terms / Details / How Secured</u>
-----------------	---------------	--------------------------------------

In the event of death of a spouse, does any portion of your monthly income terminate?	Yes	No
---	-----	----

If yes, by what amount: \$







## MISCELLANEOUS INFORMATION

Why do you wish to move to **Grandview Terrace**?

With whom are you living now:

I make this application to **Grandview Terrace** of my own free will and accord. It is my purpose to make **Grandview Terrace** my permanent home and the State of Arizona my legal residence. I declare the answers to the foregoing to be true, full and complete.

Date: \_\_\_\_\_ Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_ for **Grandview Terrace**

*We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.*

For Office Use




A Sun Health Senior Living Community

## Financial Checklist

In order to expedite the financial qualification process, we have developed this checklist for your convenience. All documents / statements being provided must show the account holders name. This information is only used to determine financial qualification and is completely confidential. If you should require any assistance or have questions concerning the information that is needed, please do not hesitate to call our **Controller, Gina McCully, at 623-975-8032.**

1. Copies of most recent Federal and State Tax Return (please include all pages and schedules)
2. Copies of all current bank statement(s) for all Checking Accounts which must reflect any amounts being deposited for Soc. Sec., Pensions, etc.
3. Copies of current bank statement(s) for Savings Accounts/Money Markets/CD's
4. Copies of any IRA Accounts
5. Copies of any real estate listings and their respective market value.
6. Copies of most recent statements related to investments, e.g., stocks/bonds.

Many companies, such as Merrill Lynch, generate statements related to equity balances as well as dividend or interest earnings. Statements such as these satisfy requirement number six (6) above.

Please note that all monthly statements you provide to us should be the most recent that you have available and should not be more than 45 days old. We do realize that although certain statements are sent monthly, others may only be sent quarterly. If you are providing a statement that you only receive quarterly – please use the following as a guideline:

- Providing a statement in Feb, March or April – Statement date should be for 12/31
- Providing a statement in May, June or July – Statement date should be for 3/31
- Providing a statement in Aug, Sept or Oct – Statement date should be for 6/30
- Providing a statement in Nov, Dec or Jan – Statement date should be for 9/30

---

**Marketing Office of Grandview Terrace  
14515 W. Granite Valley Drive  
Sun City West, Arizona 85375  
(623) 975-8014**