



**19116 Colonnade Way
Surprise, AZ 85374
(623)236-3770
(623)236-3719 Fax**

APPLICATION FOR RESIDENCY

NOTE: Please complete a separate application for each individual to reside in **The Colonnade**. 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:	BusÉPhone:	
Name:		Relationship:	
Address:	City:	State:	Zip:
Occupation:	Home Phone:	BusÉPhone:	
Name:		Relationship:	
Address:	City:	State:	Zip:
Occupation:	Home Phone:	BusÉPhone:	



FAMILY HISTORY (continued)

Name: Relationship:

Address: City: State: Zip:

Occupation: Home Phone: BusÈPhone:

Name: Relationship:

Address: City: State: Zip:

Occupation: Home Phone: BusÈPhone:

Name: Relationship:

Address: City: State: Zip:

Occupation: Home Phone: BusÈPhone:

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



HEALTH HISTORY (continued)

Do you have a Living Will? Yes No

Have you ever been diagnosed as having or been treated for any of the following:

Yes No Comments

Heart Trouble

Epilepsy

Cancer

Tuberculosis

Diabetes

Alzheimer's Disease

High Blood Pressure

Parkinson's Disease

Primary Physician's Name:

Phone #:

Address:

City:

State:

Zip:

Other Physicians you see:

Name:

Specialty:

Phone #:

Name:

Specialty:

Phone #:

Name:

Specialty:

Phone #:



CONFIDENTIAL FINANCIAL STATEMENT

List companies and amounts of life insurance:

<u>Company / Policy Number</u>	<u>Amount</u>	<u>Beneficiary</u>
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Are you the beneficiary of a life insurance policy: Yes No

<u>Company / Policy Number</u>	<u>Amount</u>	<u>On Whose Life</u>
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Do you owe any debts: Yes No

<u>Creditor</u>	<u>Amount</u>	<u>Terms / Details</u>
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Are any debts owed to you: Yes No

<u>Creditor</u>	<u>Amount</u>	<u>Terms / Details / How Secured</u>
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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 **The Colonnade**?

With whom are you living now:

I make this application to **The Colonnade** of my own free will and accord. It is my purpose to make **The Colonnade** 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 **The Colonnade**

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



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, Jane Swanson, at 623-975-8723.**

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
19116 Colonnade Way
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