Homewood Living Williamsport

APPLICATION FOR RESIDENCY

To apply for residental living at Homewood Living Williamsport, please complete this 3-page form. It is understood that completion and submission of this application does not guarantee occupancy. A non-refundable $100.00 processing fee per person payable to Homewood Living Williamsport must accompany this application.

Name _____ Social Security #_____

Address _____

Telephone (_____) _____ Cell Phone (_____) _____

Email Address: _____ Date of Birth _____/_____/_____

Do you have a POA? ☐ Yes ☐ No

Are you a Veteran? ☐ Yes ☐ No

If this application is for two people in the same unit
please complete the following information for the second person.

Name of Second Person _____ Social Security #_____

Telephone (_____) _____ Cell Phone (_____) _____

Email Address: _____ Date of Birth _____/_____/_____

Relationship: _____

Do you have a POA? ☐ Yes ☐ No

Are you a Veteran? ☐ Yes ☐ No

Please indicate the approximate date you would like to move.

☐ As soon as possible ☐ Other ___/___/___

Please indicate your first (1) and second (2) preferences.

Apartments

_____ Pines _____ 1BR _____ 2BR _____ 2BR Deluxe

_____ Woodlands _____ 1BR _____ 1BR/Den _____ 2BR

Cottages

_____ 1BR/Den _____ 2BR _____ 2BR/Den _____ 2BR/Den/Sunroom _____ 3BR/Den/Sunroom

Return application and processing fee to:

Marketing Department
16505 Virginia Ave.
Williamsport, MD 21795
301-582-1750 • 877-849-9244 Toll Free

FINANCIAL DISCLOSURE - Confidential

This is a financial disclosure. The information requested is part of the application process. Confidentiality will be maintained.

Insurance Information	**Applicant**	**Co-Applicant**
Medicare #		
Supplemental Insurance Company Name		

Long Term Care (LTC) Insurance?	☐ Yes ☐ No	☐ Yes ☐ No
LTC Company Name/Policy #		
Lifetime or Closed Plan (# of yrs.)		
Daily Reimbursement Rate	$	$
Inflation Index		
Exclusion Period		

Assets (Market Value)	**Applicant**	**Co-Applicant**
Primary Residence	$	$
Other Real Estate	$	$
Provide address/ description - i.e. vacation, rental, second		
Checking/Savings/CDs*	$ apr%	$ apr%
Life Insurance, cash value*	$	$
Bonds/Mutual Funds*	$ apr%	$ apr%
Stocks/Mutual Funds*	$ apr%	$ apr%
Other	$	$
Other	$	$
Other	$	$
Total Assets	**$**	**$**

Liabilities/Obligations	**Applicant**	**Co-Applicant**
Credit Cards	$	$
Auto loan(s)	$	$
Mortgage	$	$
Home Equity Loan	$	$
Other	$	$
Other	$	$
Other	$	$
Total Liabilities	**$**	**$**

FINANCIAL DISCLOSURE - continued

Monthly Income*	**Applicant**	**Co-Applicant**
Social Security	$ _____	$ _____
Pension, survivorship ☐ Y ☐ N	$ _____	$ _____
Named Beneficiary	_____ %	_____ %
Annuity, survivorship ☐ Y ☐ N	$ _____	$ _____
Named Beneficiary	_____ %	_____ %
Interest & Dividends	$ _____	$ _____
Named Beneficiary	_____ %	_____ %
Other _____	$ _____	$ _____
Total Monthly Income	**$** _____	**$** _____

Monthly Expenses *Assume after community move-in*	**Applicant**	**Co-Applicant**
Prescriptions & Medical	$ _____	$ _____
Meals/Food	$ _____	$ _____
Other than provided by community monthly service plan – i.e. restaurants and at-home meals.		
Travel & Entertainment	$ _____	$ _____
Auto	$ _____	$ _____
Clothing & Personal Items	$ _____	$ _____
Long Term Care Premium	$ _____	$ _____
Other _____	$ _____	$ _____
Total Monthly Expenses	**$** _____	**$** _____

It is understood that the completion and submission of this form does not guarantee occupancy. Units are offered on the basis of the date of the approval of the applications. Prior to occupancy, each applicant will be asked to provide a physician's statement and updated financial disclosure statement.

A non-refundable **$100 per person** processing fee payable by check to "Homewood Living Williamsport" must accompany this application.

By my signature below, I hereby authorize [Homewood] to contact any and all of the above-identified financial institutions to obtain information regarding my assets and income, and I hereby authorize the financial institutions to release any information to [Homewood]. I further consent to [Homewood's] use of Innovative Credit Solutions, Inc. to conduct a credit check on me, through the preparation of an Equifax consumer credit report, as part of this application.

The answers provided herein are true and correct to the best of my knowledge and information. All information has been provided to the best of my knowledge. I understand that any misrepresentation or willful omission of information on this application will disqualify me from admission and may be cause for my discharge if discovered after my admission.

_____ _____

Signature of Applicant Date Signature of Co-Applicant Date

_____

Agent of Homewood Date

Homewood does not discriminate in admissions or the provision of services in accordance with federal, state, and local laws.

Homewood Living Williamsport

EQUAL HOUSING OPPORTUNITY