

Name(s) in Full: Applicant a. \_\_\_\_\_

Applicant b. \_\_\_\_\_

Present Address: a. \_\_\_\_\_

b. \_\_\_\_\_

Telephone: a. \_\_\_\_\_ b. \_\_\_\_\_

Email: a. \_\_\_\_\_ b. \_\_\_\_\_

Date of Birth: a. \_\_\_\_\_ b. \_\_\_\_\_

Lifetime Occupation: \_\_\_\_\_

Religious Preference: \_\_\_\_\_

Children (name, telephone, and email):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Non-Family References (name, address, zip code, telephone, and/or email):

1. \_\_\_\_\_

2. \_\_\_\_\_

Marital Status (circle one): Married Widowed Divorced Single Other: \_\_\_\_\_

The information you provide here will help us determine if you meet financial residency requirements at Horizon House. The entrance and monthly fees shall be in accordance with the fee schedule in effect when you commence your occupancy. A deposit included with this application will place you on the future resident list and will be applied in full to the entrance fee upon acceptance. Deposits are as follows: \$1,200 for the Central, East, and North Towers; \$2,000 for the West Tower; or \$3,200 for all towers. Should you be unable to successfully complete the financial review, the full application fee is refundable. Should you decide to withdraw from the future resident list prior to acceptance or in the case of death prior to occupancy, Horizon House retains a non-refundable \$300 application fee. Our established policy is to consider applications for admissions in the order received. Horizon House reserves the right to modify this order if deemed necessary.

**SEE OTHER SIDE**

## FINANCIAL INFORMATION

Please fill out spaces that are applicable

applicant a.

applicant b.

Amount of monthly Social Security: \_\_\_\_\_

Monthly pension or retirement plan: \_\_\_\_\_

If a two-party application: What amount of monthly pension or retirement continues to survivor? \_\_\_\_\_

Total value of IRA, 401k or 403B: \_\_\_\_\_

Monthly Retirement Distribution: \_\_\_\_\_

Average monthly interest rate (%): \_\_\_\_\_

Average monthly dividend: \_\_\_\_\_

Other income per month: \_\_\_\_\_

Source of other income: \_\_\_\_\_

Current monthly expenses: \_\_\_\_\_

Realistic market value of real estate: \_\_\_\_\_

Current cash value of life insurance: \_\_\_\_\_

Face value of life insurance: \_\_\_\_\_

Other cash, including bank accounts: \_\_\_\_\_

Liabilities: \_\_\_\_\_

Estimated net worth: \_\_\_\_\_

Do you have a long-term care insurance policy (circle one):    yes    no

If yes, please name policy: \_\_\_\_\_

What is the benefit period? \_\_\_\_\_

Known daily benefit: \_\_\_\_\_

### Apartment preference (circle all that apply):

|                        |                      |                    |
|------------------------|----------------------|--------------------|
| Studio                 | 1 bedroom/1 bath     | 1 bedroom/1.5 bath |
| 1 bedroom/1.5 bath/den | 2 bedroom/1 bath     | 2 bedroom/1.5 bath |
| 2 bedroom/2 bath       | 2 bedroom/2 bath/den | Penthouse          |

### Desired Location(s), if any (circle choices):

Central/East Tower      West Tower      North Tower

### How did you hear about Horizon House? (circle choices):

Website      Advertisement      Friend/Word of mouth      Other: \_\_\_\_\_

### Anticipated move (circle one):

Less than one year      1-2 years      2-3 years      Other: \_\_\_\_\_

### Signature:

Applicant: \_\_\_\_\_ Applicant: \_\_\_\_\_

Sales Dept: \_\_\_\_\_ Date Received: \_\_\_\_\_