



Active Living Application for Residency

Dear Prospective Resident,

We at Mennonite Village welcome your application for residency. Mennonite Village is a faith-based, not-for-profit Continuing Care Retirement Community (CCRC). As such, we provide housing and support services designed to meet the changing needs of older persons. We offer a variety of living arrangements, including Active Living homes and apartments, Assisted Living apartments, Alzheimer's and Dementia Care, and Nursing and Rehabilitation Care, as well as In-Home Care.

Mennonite Village considers and admits persons who are 55 and older without regard to race, color, national origin, religion, gender, sexual orientation, or disability. However, because we are a CCRC, we do require applicants to demonstrate they can meet certain requirements of residency.

Age Requirement - Applicant(s) for Active (Independent) Living must be 55 years of age or older. Proof of age can be satisfied with a valid driver's license, passport, or birth certificate.

Financial Requirement - Applicant(s) must demonstrate financial resources sufficient to personally pay all expenses while a resident at Mennonite Village, including a period of time in our care facilities. At the time of application, we will review each applicant's age, cost of home desired, assets, liabilities, income, expenses, and life expectancy. Mennonite Village requires proof of financial statement criteria prior to admission, per corporate policy. Long-term care insurance is encouraged.

Other Requirements - Applicant(s), with or without self-arranged assistance, are expected to:

- Maintain his/her residence in a clean and safe manner;
- Safely operate all appliances in the unit;
- Respond to alarms and evacuate building in an emergency situation;
- Provide for own personal hygiene and medical needs;
- Refrain from activity that might adversely affect the health or safety of others; and
- Respect other residents' right to quiet enjoyment of the premises.

Following review of your application for residency, Mennonite Village will send you written notification of your pending admission status. We look forward to working with you.

Chris Spellings

Chris Spellings
Marketing Coordinator
Mennonite Village
5353 Columbus St. S.E.
Albany, OR 97322-7136
(541) 928-7232 ext. 2675



Application for Residency: Applicant A

All information provided on this application is confidential and will be used solely by Mennonite Village.

Name _____ Date of Birth _____
Address _____ Relationship to Applicant B _____
City, State _____ Zip _____ How did you hear about Mennonite Village?
Phone (home) _____
Phone (work) _____
Phone (mobile) _____
E-mail Address _____

Please list two contacts that we may reach in case of emergency.

Name _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Phone (home) _____	Phone (home) _____
Phone (alternate) _____	Phone (alternate) _____
E-mail Address _____	E-mail Address _____

Please provide your current health insurance information.

Medicare Program ID# _____ Part A: ____ Part B: ____ Part D: ____

Private Health Insurance _____
Insurance Company ID# Coverage

Long-term Care Insurance _____
Insurance Company ID# Coverage

Do you plan to continue these policies? Yes _____ No _____

I certify that the information given on this application is true. _____

Application for Residency: Applicant B

All information provided on this application is confidential and will be used solely by Mennonite Village.

Name _____

Date of Birth _____

Address _____

Relationship to Applicant A _____

City, State _____ Zip _____

How did you hear about Mennonite Village?

Phone (home) _____

Phone (work) _____

Phone (mobile) _____

E-mail Address _____

Please list two contacts that we may reach in case of emergency.

Name _____

Name _____

Relationship _____

Relationship _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Phone (home) _____

Phone (home) _____

Phone (alternate) _____

Phone (alternate) _____

E-mail Address _____

E-mail Address _____

Please provide your current health insurance information.

Medicare Program ID# _____

Part A: ____ Part B: ____ Part D: ____

Private Health Insurance _____

Insurance Company

ID#

Coverage

Long-term Care Insurance _____

Insurance Company

ID#

Coverage

Do you plan to continue these policies?

Yes _____ No _____

I certify that the information given on this application is true. _____

Application for Residency

_____ I (We) are seeking an Active Living home in the Village with:

Bedrooms _____ # Bathrooms _____ Garage: 0 Car _____ 1 Car _____ 2 Cars _____

Amenities (please list): _____

_____ I (We) are seeking a Congregate Living apartment at Ashwood Court I or II with:

Bedrooms _____ # Bathrooms _____

Amenities (please list): _____

I (We) would like to move to Mennonite Village (give approximate date): _____

Please read the following carefully, and then sign at the bottom of the page.

I (We) submit this application for residency in Mennonite Village Active Living/Congregate Living.

I (We) understand that each applicant must be fifty-five (55) years of age or older.

I (We) submit this application with the understanding that the requirements for residency for the Village, including Ashwood Courts I and II, may be investigated by Mennonite Village, if such action is deemed necessary.

I (We) understand that when my (our) application for residency is accepted, my/our name will be added to a waiting list according to date of application. When a home is offered, I (we) will have the right to accept or decline the offer. Should I (we) decline, it is my (our) option to remain on the waiting list.

I (We) realize that existing Mennonite Village residents who have requested a change of living location on campus would have priority over the waiting list.

I (We) hereby grant Mennonite Village permission to research my (our) credit references.

Applicant A (signature)

Date

Applicant B (signature)

Date

Applicant A (please print)

Applicant B (please print)

Please return your application and financial statements to: Mennonite Village
Marketing Department
5353 Columbus St.
Albany, OR 97322 USA

NOTE: Mennonite Village checks national and state sex offender registries in the applicant screening process.



Explanation of Mennonite Village Active Living Fee Schedule

Mennonite Village active living homes can be secured by a Life Lease between residents and Mennonite Village. With a one-time entrance fee and a monthly service fee, residents can live in a home for as long as they meet our requirements for active living (with or without assistance).

Administrative Fee

As an expressed interest and intention to move into an active living home at Mennonite Village, the resident will pay \$2,500. Of this amount, \$1,500 applies to the total purchase price of the Life Lease, and \$1,000 is an administrative fee, which is not refundable and not applicable to the Life Lease. If, for any reason, this contract is not completed, the \$1,000 fee will not be refunded.

Independent living apartments at Ashwood Courts I and II require a one-time, non-refundable administrative fee of \$4,000.

Life Lease Entrance Fee

The Life Lease entrance fee is a one-time payment due upon occupancy. A Life Lease is a residential lease in which the resident purchases the right to live in a Mennonite Village home for as long as the resident meets Mennonite Village's requirements for independent living.

Monthly Service Fee

Monthly service fees pay for the following:

- Water and sewer services
- Garbage and recycling services
- Cable television service
- Emergency communication system
- Building maintenance of interior, exterior, and furnished kitchen appliances
- Street infrastructure and street light maintenance
- Property taxes and insurance (not applicable to personal property)
- Grounds upkeep, including community gardens
- Wellness, social, educational, cultural, and recreational activities
- Use of common facilities and scheduled, local bus service
- Administrative services

Electricity, natural gas, Internet, and telephone services are the responsibility of the resident.

Second Occupant Fee

A second occupant fee will be charged monthly, if applicable.

Prices effective October 2014. Fee schedules are subject to change as deemed necessary by the Mennonite Village Board of Directors.

Mennonite Village Application for Residency: Financial Statement

Provide complete information regarding your assets and liabilities (this page) and income and expenses (next page) for Applicants A and B (if applicable). Please enter the information per individual, joint and total.

Applicant A (print name)	Applicant B (print name)	Date
Address	City	State
		Phone Number

Assets	Applicant A	Applicant B	Joint	Total
Cash in checking and savings accounts	\$	\$	\$	\$
Certificates of deposit (CDs)	\$	\$	\$	\$
Securities (stocks, bonds, mutual funds)	\$	\$	\$	\$
Annuities (list type of)	\$	\$	\$	\$
Notes and contracts receivable (explain)	\$	\$	\$	\$
Retirement funds (IRA, 401K, etc.)	\$	\$	\$	\$
Real estate (market value)	\$	\$	\$	\$
Personal property-Auto, jewelry ,etc.(optional)	\$	\$	\$	\$
Other assets (market cash value)	\$	\$	\$	\$
Total Assets	\$	\$	\$	\$

Notes

Liabilities	Applicant A	Applicant B	Joint	Total
Current debt (credit cards, accounts)	\$	\$	\$	\$
Notes payable (specify)	\$	\$	\$	\$
Taxes payable (personal, property, business)	\$	\$	\$	\$
Real estate (balance of mortgage)	\$	\$	\$	\$
Other loans (vehicle, RV, boat, etc.)	\$	\$	\$	\$
Other liabilities (specify)	\$	\$	\$	\$
Total Liabilities	\$	\$	\$	\$

Notes

Monthly Income	Applicant A	Applicant B	Joint	Total
Wages/Salary	\$	\$	\$	\$
Income from annuities	\$	\$	\$	\$
Income from investments	\$	\$	\$	\$
Income from pensions	\$	\$	N/A	\$
Income from Social Security	\$	\$	N/A	\$
Income from notes receivable	\$	\$	\$	\$
Other monthly income (specify)	\$	\$	\$	\$
Total Monthly Income	\$	\$	\$	\$

Notes

Monthly Expenses	Applicant A	Applicant B	Joint	Total
Food and household expenses	\$	\$	\$	\$
Auto loan payment(s)	\$	\$	\$	\$
Auto expenses (fuel, insurance, etc.)	\$	\$	\$	\$
Credit card payment(s)	\$	\$	\$	\$
Health insurance	\$	\$	\$	\$
Health, dental, vision, prescription expenses	\$	\$	\$	\$
Mortgage(s)	\$	\$	\$	\$
Utilities	\$	\$	\$	\$
Personal expenses (clothing, entertainment)	\$	\$	\$	\$
Donations	\$	\$	\$	\$
Other monthly expenses (specify)	\$	\$	\$	\$
Total Monthly Expenses	\$	\$	\$	\$

Notes

Continued on the next page ->

If you have life insurance, please state amount. Applicant A: \$ _____ Applicant B: \$ _____

Upon the death of Applicant A, will life insurance transfer to Applicant B? Yes _____ No _____

Upon the death of Applicant B, will life insurance transfer to Applicant A? Yes _____ No _____

Upon the death of Applicant A, will assets transfer to Applicant B? Yes _____ No _____

Upon the death of Applicant B, will assets transfer to Applicant A? Yes _____ No _____

I (We) certify all information in this financial statement is an accurate and complete representation.

I (We) agree to not compromise my (our) ability to meet our financial obligations by making gifts and/or transfers inappropriately. Should I (we) become subsidized resident(s) of Mennonite Village and any unknown recent acquired assets occur, this statement creates a lien against such assets in favor of the provider.

Applicant A (signature) Applicant A (print name) Date

Applicant B (signature) Applicant B (print name) Date