Givens ESTATES

Application Form

Preferred Salutation (check one): ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Miss ❑ Dr. ❑ Rev. ❑ Other: ____

Applicant Name: ______________________________

Address: ______________________________

City: ______________ State: ______ Zip: ______ County: ______________

Email: ______________ Phone: ______________ Cell: ______________

Date of Birth: ______________ Education: ______________

Past Profession: ______________ Hobbies: ______________

Preferred Salutation (check one): ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Miss ❑ Dr. ❑ Rev. ❑ Other: ____

Applicant Name: ______________________________

Address: ______________________________

City: ______________ State: ______ Zip: ______ County: ______________

Email: ______________ Phone: ______________ Cell: ______________

Date of Birth: ______________ Education: ______________

Past Profession: ______________ Hobbies: ______________

Relationship to Applicant above: ______________________________

Second Address If Applicable:

Address: ______________________________

City: ____________ State: _____ Zip: ________ Telephone: ______________

Time of Year at This Address: ______________________________

Other information you care to share with us? ______________________________

____

Please list any individuals who may be involved in your decision process and/or move.

Name	Address	Phone	Relationship

Do you prefer to join the:

___ Wait List ___ Ready List (notify me of available options)

Desired Date of Move-In: ______________________________

Please Indicate Up To Four Choices of Residence (number one being first choice):

Friendship Park Apartments

___ Aspen - 1 Bedroom / Den/ 2 Baths / 897 sq.ft.
___ Aspen Deluxe - 1 Bedroom / Den/ 2 Baths / 946 sq.ft.
___ Birch - 1 Bedroom / Den / 2 Baths / 895 sq.ft.
___ Birch Deluxe - 1 Bedroom / Den / 2 Baths / 945 sq.ft.
___ Buckeye - 1 Bedroom / Den / 2 Baths / 947 sq.ft.
___ Cedar - 2 Bedrooms / 2 Baths / 1111 sq.ft.
___ Chestnut - 2 Bedrooms / 2 Baths / 1109 sq.ft.
___ Elm - 2 Bedrooms / 2 Baths / 1114 sq.ft.
___ Hickory - 2 Bedrooms / Den / 2 Baths / 1283 sq.ft.
___ Maple - 2 Bedrooms / Den / 2 Baths / 1293 sq.ft.
___ Walnut - 2 Bedrooms / Den / 2 Baths / 1336 sq.ft.
___ Whistlewood - 2 Bedrooms / Den / 2 Baths / 1329 sq.ft.
___ Winterberry - 2 Bedrooms / Den / 2 Baths / 1349 sq.ft.

Oxford Commons Apartments

___ Aster – 1 Bedroom / 1 Bath / 884 sq.ft.
___ Buttercup – 1 Bedroom / 1 Bath / 900 sq.ft.
___ Aster Deluxe – 1 Bedroom / 1 Bath / 1097 sq.ft.
___ Azalea – 1 Bedroom / Den / 1 Bath / 1192 sq.ft.
___ Camellia – 1 Bedroom / Den / 1.5 Baths / 1250 sq.ft.
___ Daisy – 2 Bedrooms / 2 Baths / 1283 sq.ft.
___ Iris – 2 Bedrooms / 2 Baths / 1378 sq.ft.
___ Laurel – 2 Bedrooms / Den / 2 Baths / 1516 sq.ft.
___ Orchid – 2 Bedrooms / Den / 2 Baths /1694 sq.ft.
___ Primrose – 2 Bedrooms / Den / 2.5 Baths / 1708 sq.ft.
___ Tulip – 2 Bedrooms / Den / 2.5 Baths / 1738 sq.ft.
___ Violet – 2 Bedrooms / Den / 2.5 Baths / 1857 sq.ft.

Creekside Apartments

___ Wisteria – 1 Bedroom / Den / 1.5 Baths / 1400 sq.ft.
___ Willow – 2 Bedrooms / Den / 2 Baths / 1550 sq.ft.
___ Magnolia – 2 Bedrooms /Den / 2 Baths / 1700 sq.ft

Asbury Commons Apartments

___ Studio with Kitchenette / 350 sq.ft.
___ 1 Bedroom / 1 Bath / 550 sq.ft.
___ 2 Bedrooms / 1 Bath / 725 sq.ft.
___ 2 Bedrooms / 2 Baths / 796 sq.ft.

Duplexes

___ Lady Huntingdon Lane - 2 Bedroom / 2 Baths / Carport / 1200 sq.ft.
___ Cokesbury Lane - 2 Bedrooms / 2 Baths / 1 Car Garage / Finished Basement / 2463 sq.ft.

Cottages

___ Dogwood / 1716 sq.ft. With Basement? ___ Yes ___ No
___ Redbud / 1753 sq.ft. With Basement? ___ Yes ___ No
___ Silverbell / 1885 sq.ft. With Basement? ___ Yes ___ No

Houses

___ House (floor plans vary)

Health Services

___ Wood Assisted Living
___ Givens Estates Health Center

Features which are important to you:

___ Number of Bedrooms
___ Number of Baths
___ Den
___ Screened Porch
___ Garage / Carport
___ Apartment Living
___ Free Standing or Duplex Living
___ Carolina Room
___ Electric Car Charger
___ Assigned Parking
___ Other

The facilities, services, fees, costs, refunds and policies have been explained to me (us). I (We) hereby give Givens Estates the right to request necessary information and/or references in processing this application.

____

Signature **Date**

____

Signature **Date**

Confidential Financial Form

Applicant Name #1: ______________________________

Applicant Name #2: ______________________________

If finances are separate, please complete individual Confidential Financial Forms.

If this form is prepared by someone other than you, please complete the following:

Name: ______________________________

Relationship to Applicant Above: ____________________

Address: ______________________________

City: ____________________ State: ______ Zip: ____________

Email: ____________________ Cell: ____________________

Financial Statement (attach extra pages if necessary):

List of all real estate:	Approximate Value:
Approximate Total Value of Real Estate:	

List of all other assets (brokerage, retirement, annuity, savings, life insurance cash value or death benefit):	Approximate Value:
Approximate Total Value of Other Assets:	

List of all liabilities (mortgages, etc.):	Approximate Value:
Approximate Total of All Liabilities:	
Approximate Net Asset Balance:	

Please List Your Monthly Income Below:

	Applicant #1	Applicant #2
Social Security:	______	______
Pension Income*:	______	______
RMD (401k, IRA, etc.):	______	______
Annuity:	______	______
Real Estate:	______	______
Other (please explain):______	______	______
Total Monthly Income:	______	______
Monthly Expenses in Addition to Monthly Fee	______	______

Do you anticipate any significant changes to your financial situation in the next five years? ______

If yes, please explain:______

	Applicant #1	Applicant #2
Pension*: If you receive a pension, what is the annual cost of living increase expected?	______%	______%
What percent of pension survives to you/partner if applicable?	______%	______%

Please describe any Long Term Care Insurance benefits you have:

Elimination Period (days):	______	______
Maximum Benefit:	$______	$______
Maximum Years:	______	______
Inflation Clause / Rate:	______%	______%
	❑ Compund ❑ Single ❑ None	❑ Compund ❑ Single ❑ None

Daily Rates:	Applicant #1	Applicant #2
Home Care:	$______	$______
Assisted Living:	$______	$______
Skilled Nursing:	$______	$______

I (We) affirm that this information is substantially complete and correct to the best of my (our) knowledge.

______

Signature Date

______

Signature Date

Personal Health History Form

Applicant Name: ______________________________ Gender: ____________

Primary Care Physician: ______________________________

Address: ______________________________

City: ____________ State: ____ Zip: __________ Telephone: ______________

Email: ____________________ Fax: ____________________

Specialists (name, address, phone, specialty, reason for visit):

____

____

____

____

Please describe your health:

____

____

Do you require any adaptive equipment? If so, please explain:

____

____

Describe any hospitalizations or serious illnesses within the last five years:

____

____

Are you presently being treated for a medical condition? If so, please explain:

____

____

Please describe any medication that you are presently taking or have taken in the last six months:

____

Do you have, or have you had, any of the following conditions:

______ Tuberculosis	______ Cancer	______ Heart Disease or Heart Attack
______ Anemia	______ Polio	______ Alcoholism or Drug Addiction
______ Stroke	______ Diabetes	______ Ulcers or other Digestive Problems
______ Paralysis	______ Hernia	______ Psychiatric Inpatient Care
______ Asthma	______ Pacemaker	______ Liver Disease, Hepatitis, or Cirrhosis
______ Depression	______ Epilepsy	______ Any Dementia Related Disorders
______ High Blood Pressure	______ Kidney Disease	______ Eye Disease or Blindness
______ Hearing Impairment or Deafness		

Do you currently use any tobacco or e-cigarette products?

______ Yes ______ No

If yes, please explain: ____

Do you have:

______ Medicare Part A ______ Medicare Part B

______ Medicare Supplement Company Name: ______________________________

______ Medicare Replacement Company Name: ______________________________

______ Other Insurance Company Name: ______________________________

______ Long Term Care Ins. Company Name: ____________________ Policy #: __________

______ Financial POA Name: ____________________ Phone: __________

Email: ______________________________

______ Healthcare POA Name : ____________________ Phone: __________

Email: ______________________________

______ Living Will Hospital Preference: ______________________________

______ DNR ______ MOST

In case of emergency, contact:

Name: ____________________ Phone: ____________________

Relationship: ______________________________

A physician's report is required prior to admission.

I hereby give Givens Estates the right to request necessary information in processing this application.

I affirm that the information given on this form is correct to the best of my knowledge.

____

Signature Date