



Three Pillars

SENIOR LIVING COMMUNITIES

Masonic Center for Health & Rehab | Riverside Lodge
Village on the Square | Mason Woods | Compass Point

APPLICATION FOR RESIDENCY

- Village on the Square** (Independent Living) **Compass Point** (Assisted - Catered Living) **Masonic Center for Health & Rehab** (Skilled Nursing)
- Mason Woods** (Independent Living) **Riverside Lodge** (CBRF - Memory Care)

Date of Application: _____

Name: _____ Telephone: _____

Currently reside at: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Date of Birth: _____ Age: _____ Sex: Male Female

Social Security Number: _____ - _____ - _____ Medicare Number: _____

Social Security Number: _____ - _____ - _____ Medicare Number: _____

Supplemental Insurance: _____

Marital Status: Married Single Widowed Divorced

Wedding Date: _____

List Masonic Affiliations: _____ Religion/Church Affiliation: _____

Clergy to Contact: _____ Telephone: _____

Funeral Home Preference: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Do you have a Health Care Power of Attorney (HCPOA)? _____

Do you have a Durable Power of Attorney (DPOA)? _____

Do you have a Living Will/Declaration to Physician? _____

HEALTH INFORMATION

Name of Current Physician: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACTS

Please designate Health Care Power of Attorney (HCPOA) and Durable Power of Attorney (DPOA)

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: H _____ W _____ Please designate: HCPOA DPOA

Cell: _____ E-mail: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: H _____ W _____ Please designate: HCPOA DPOA

Cell: _____ E-mail: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: H _____ W _____ Please designate: HCPOA DPOA

Cell: _____ E-mail: _____

FAMILY HISTORY

Do you have children? Yes No If yes, how many? _____ Sons _____ Daughters

Please list name(s) and addresses of children still living if not listed previously:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: H _____ W _____

Cell: _____ E-mail: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: H _____ W _____

Cell: _____ E-mail: _____

Frequency of contact with your children: _____ Daily _____ Weekly _____ Monthly _____ Yearly

PERSONAL HISTORY

Primary Occupation: _____

Do you currently work? _____

Why do you want to live at Three Pillars? _____

How did you hear about Three Pillars? Live-in Community Friend Word of Mouth
 Resident of Three Pillars Internet Newspaper
 Other: _____

RECREATIONAL INTERESTS

What are your hobbies, special talents or interests? _____



Three Pillars

SENIOR LIVING COMMUNITIES

Masonic Center for Health & Rehab | Riverside Lodge
Village on the Square | MasonWoods | Compass Point

LIFESTYLE
you deserve

VALUE
you demand



people you can
TRUST

FINANCIAL APPLICATION FOR RESIDENCY

- | | | |
|---|--|--|
| <input type="checkbox"/> Village on the Square
(Independent Living) | <input type="checkbox"/> Compass Point
(Assisted - Cared Living) | <input type="checkbox"/> Masonic Center for Health & Rehab
(Skilled Nursing) |
| <input type="checkbox"/> MasonWoods
(Independent Living) | <input type="checkbox"/> Riverside Lodge
(CBRF - Memory Care) | |

Name of Applicant(s): _____ Date of Application: _____

NOTE: JOINT COLUMN TO BE USED ONLY FOR INCOME NOT SPECIFIC TO APPLICANT OR SPOUSE.

MONTHLY INCOME (\$)	APPLICANT	SPOUSE	JOINT
Social Security Benefit			
Annuity			
Pension			
Investment Income			
Other Income (describe)			
Other Income (describe)			
Total Income (\$)			

CURRENT MONTHLY EXPENSES (\$)	APPLICANT	SPOUSE	JOINT
Rent/Mortgage			
Automobile (indicate if you do not own an auto)			
Supplemental Insurance			
Medications			
Utilities			
Other (describe)			
Total Expenses (\$)			

ASSETS (\$)	APPLICANT	SPOUSE	JOINT
Cash/Checking			
Savings & Certificates of Deposit			
Stocks, Bonds & Mutual Funds			
Other Investments			
Trusts			
Residence (net market)			
Real Estate (other)			
Cash Surrender Value of Life Insurance Policies			
Vehicles			
Other Assets (describe)			
Total Assets (\$)			

LIABILITIES (\$)	APPLICANT	SPOUSE	JOINT
Mortgage			
Other Loans			
Credit Card Debt			
Other Obligations (describe)			
Total Liabilities (\$)			

Face Value of Life Insurance(s) \$ _____ \$ _____



Three Pillars

SENIOR LIVING COMMUNITIES

Masonic Center for Health & Rehab | Riverside Lodge
Village on the Square | Mason Woods | Compass Point

LIFESTYLE
you deserve

VALUE
you demand



people you can
TRUST

Applicant(s): _____

INCOME FROM ANNUITIES AND PENSIONS

Does the annuity or pension have survivor benefits? Yes No

Can the amount paid out be changed on the annuity? Yes No

Does the annuity income have a termination date? Yes No

If so, what is it? _____

Have you divested (given away) any assets? Yes No

If so, how much \$ _____ when? _____ and to whom? _____

REAL ESTATE

Is your residence currently on the market? Yes No

How much are your annual property taxes and insurance? _____

If you included Trust assets on the application, please describe the nature of the Trust.

Do you have a funeral trust established? Yes No

Additional descriptions and information: _____

The information given in this application is accurate to the best of my knowledge and ability.

Signature of applicant _____ Date _____

Signature of applicant _____ Date _____

Completed for the applicant by _____ Date _____

Relationship to applicant _____