Three Pillars
SENIOR LIVING COMMUNITIES

Application for Residency

- ❑ **Village on the Square** - Independent Living
- ❑ **MasonWoods** - Independent Living (Cecil, WI)
- ❑ **Compass Point** - Catered/Assisted Living
- ❑ **Riverside Lodge** - Memory Care
- ❑ **Masonic Center for Health & Rehab** - 24 Hour Skilled Nursing

Date of Application: _____ Name: _____

Telephone: Home _____ Cell _____

Currently reside at: _____

City: _____ State: _____ Zip: _____

E-mail: _____ ❑ I would like to opt-out of receiving e-mails

Date of Birth: _____ Age: _____ Sex: ❑ Male ❑ Female I am a Veteran: ❑ Yes ❑ No

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

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

Supplemental Medical Insurance: _____

Long Term Care Insurance: _____

Marital Status: ❑ Married ❑ Single ❑ Divorced ❑ Widowed Wedding Date: _____

List Masonic Affiliations: _____ Religion/Church Affiliation: _____

_____ _____

Clergy to Contact: _____ Telephone: _____

Funeral Home Preference: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary/Former Occupation: _____

What are your hobbies/interests? _____

_____

Do you have a Durable Power of Attorney Yes: ❑ No: ❑

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

Do you have a Health Care Power of Attorney Yes: ❑ No: ❑ If yes, from which state? _____

Has your Health Care Power of Attorney been activated? Yes: ❑ No: ❑ If yes, activation date: _____

If your Health Care Power of Attorney has been activated, please include the activation date and a copy of the Determination of Incapacity.

Physician Contact

Name of Current Physician: _____ Telephone: _____

Address: _____ Fax: _____

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: Home _____ Work _____ Please designate: ❑ HCPOA ❑ DPOA

Cell: _____ E-mail: _____

❑ I would like to opt-out of receiving e-mails

Name: _____ Relationship: _____

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

Telephone: H _____ W _____ Please designate: ❑ HCPOA ❑ DPOA

Cell: _____ E-mail: _____

❑ I would like to opt-out of receiving e-mails

Family Contacts

❑ Information is the same as above

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

Please list name(s) and addresses of children 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: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: H _____ W _____

Cell: _____ E-mail: _____

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

Financial Information *(Note: Joint column to be used for income not specific to applicant or spouse.)*

MONTHLY INCOME ($)	APPLICANT	SPOUSE	JOINT
Social Security Benefit			
Annuity[1]			
Pension			
Investment Income			
Other Income (describe)			
Total Income ($)			

[1]Annuity Information: Are there survivor benefits? ❑ Yes ❑ No Can payment amounts change? ❑ Yes ❑ No
Is there a termination date? ❑ Yes ❑ No If so, when: _____

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

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

Please attach most recent financial documentation with application.

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:

_____

Please complete: Have you divested (given away) any assets? ❑ Yes ❑ No

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

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

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 _____

Additional Information

Prior to residency, please include copies of the following information:

❑ Social Security Card ❑ Medicare Card ❑ Supplemental Insurance Card (front & back)

❑ Health Care Power of Attorney (if applicable) ❑ Durable Power of Attorney (if applicable)

❑ Living Will/Declaration to Physician (if applicable)

How did you hear about Three Pillars? _____

Notes (For office use only)