

# Application for Residency

CONFIDENTIAL

## Shaded areas to be completed by Second Person

Last Name:		First:		Middle:	
Marital Status: Single _____ Married _____ Divorced _____ Partners _____ Widow _____					
Birth Date:		Social Security:		Telephone No.:	
Street Address:					
P.O. Box:		City:		State: ZIP:	
Power of Attorney (if applicable):				Telephone No.:	
Last Name:		First:		Middle:	
Birth Date:		Social Security:		Telephone No.:	
Street Address:					
P.O. Box:		City:		State: ZIP:	
Power of Attorney (if applicable):				Telephone No.:	
Emergency Contact (1 <sup>st</sup> Person):				Telephone No.:	
Street Address:					
P.O. Box:		City:		State: ZIP:	
Emergency Contact (2 <sup>nd</sup> Person):				Telephone No.:	
Street Address:					
P.O. Box:		City:		State: ZIP:	
What was/is your occupation?					
1 <sup>st</sup> Person:			2 <sup>nd</sup> Person:		
What are your hobbies and interests?					
1 <sup>st</sup> Person:			2 <sup>nd</sup> Person:		



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Driver's License No. 1 <sup>st</sup> Person:	
Driver's License No. 2 <sup>nd</sup> Person:	
Total number of vehicles you will bring?	
<b>Are you capable of residential living without assistance from anyone else?</b>	
1 <sup>st</sup> Person: Yes      No	
If no, please describe the kind of assistance you currently need:	
2 <sup>nd</sup> Person: Yes      No	
If no, please describe the kind of assistance you currently need:	
Apartment size desired:	Location/floor desired:
Medicare Number (1 <sup>st</sup> person):	
Medicare Number (2 <sup>nd</sup> person):	
<b>Do you have supplemental health insurance?</b>	
1 <sup>st</sup> Person/ Insurer:	Policy No.:
2 <sup>nd</sup> Person/ Insurer:	Policy No.:
<b>Do you have long-term care insurance?</b>	
1 <sup>st</sup> Person: Yes      No	2 <sup>nd</sup> Person: Yes      No
If yes: \$ /day	If yes: \$ /day
Term of policy:	Term of policy:
<b>Health Condition – Please briefly list any major change in your health in the past year and any chronic illness or disability</b>	
1 <sup>st</sup> Person:	
2 <sup>nd</sup> Person:	



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Primary Physician 1 <sup>st</sup> Person:	Telephone No.:	
Address:	Last Seen:	
Other Physician you see regularly:	Telephone No.:	
Address:	Last Seen:	
Specialty:		
Primary Physician 2 <sup>nd</sup> Person:	Telephone No.:	
Address:	Last Seen:	
Other Physician you see regularly:	Telephone No.:	
Address:	Last Seen:	
Specialty:		
<p align="center"><b>Have you been hospitalized or incapacitated for more than 2 weeks at a time during the last 3 years?</b></p>		
1 <sup>st</sup> Person:    Yes    No If yes, please explain on a separate sheet	2 <sup>nd</sup> Person: Yes    No If yes, please explain on a separate sheet	
<p align="center"><b>Have you ever been treated for depression, anxiety, or any other emotional disorder?</b></p>		
1 <sup>st</sup> Person:    Yes    No	2 <sup>nd</sup> Person: Yes    No	
<p align="center"><b>Are you free from a contagious disease?</b></p>		
1 <sup>st</sup> Person:    Yes    No If no, please explain on a separate sheet	2 <sup>nd</sup> Person: Yes    No If no, please explain on a separate sheet	
<p align="center"><b>Have you ever been addicted to alcohol or drugs?</b></p>		
1 <sup>st</sup> Person:    Yes    No If yes, please explain on a separate sheet	2 <sup>nd</sup> Person: Yes    No If yes, please explain on a separate sheet	
1 <sup>st</sup> Person:		
Medication	Dosage	Frequency

*Enso Verde*<sup>SM</sup>

A KENDAL AFFILIATE

805.231.3676 | verde.kendal.org



Per Health and Safety Code section 1772.2, Kendal at Ventura has filed an application for a Permit to Accept Deposits and a Certificate of Authority with the California Department of Social Services.

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2 <sup>nd</sup> Person:		
Medication	Dosage	Frequency

To the best of my knowledge,  
the above statements are complete and true.

Future Resident Signature

Future Resident Signature

Date

Date



Per Health and Safety Code section 1772.2, Kendal at Ventura has filed an application for a Permit to Accept Deposits and a Certificate of Authority with the California Department of Social Services.

## CONFIDENTIAL FINANCIAL STATEMENT

(For double occupancy, please list separately any assets, liabilities and/or income that is/are separately held. Otherwise, if held jointly, report in "1<sup>st</sup> Person" section.)

ASSETS						
		Is asset security for a loan?			Is asset security for a loan?	
	1 <sup>st</sup> Person	Yes	No	2 <sup>nd</sup> Person	Yes	No
Cash (Savings & Checking)	\$			\$		
CD's, Money Markets, etc.	\$			\$		
Stocks & Bonds	\$			\$		
IRA's, Annuities, etc.	\$			\$		
Residence	\$			\$		
Other Real Estate (e.g. Rental)	\$			\$		
Trust Fund	\$			\$		
Cash Surrender Value of Life Insurance	\$			\$		
Other Assets (describe below)						
	\$			\$		
	\$			\$		
	\$			\$		
<b>TOTAL ASSETS:</b>	\$			\$		

LIABILITIES		
	1 <sup>st</sup> Person	2 <sup>nd</sup> Person
Mortgage on Residence	\$	\$
Mortgage(s) on Other Real Estate	\$	\$
Other Bank Loans	\$	\$
Loans Against Cash Surrender Value of Life Insurance	\$	\$
Other Liabilities (Notes Payable, etc.)	\$	\$
<b>TOTAL LIABILITIES</b>	\$	\$
<b>TOTAL NET ASSETS (Assets Minus Liabilities)</b>	\$	\$

HAVE YOU GUARANTEED ANY DEBT OWED BY ANOTHER?				
	Guarantor(s)	Debtor	Relation	Amount of Guaranteed
1 <sup>st</sup> Person				
2 <sup>nd</sup> Person				

MONTHLY INCOME		
	1 <sup>st</sup> Person	2 <sup>nd</sup> Person
Social Security*	\$	\$
Pension*	\$	\$
Dividends	\$	\$
Interest	\$	\$
Mortgage/Rental Income	\$	\$
IRA Income	\$	\$
Trust Income	\$	\$
Other Monthly Income	\$	\$
<b>Total Monthly Income</b>	\$	\$

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- 1) \*With regard to Social Security income and/or monthly pension income reflected,  
will the monthly payment continue in the same amount for the life of the other person listed (generally, the surviving spouse)?  
\_\_\_\_ Yes    \_\_\_\_ No
- 2) If no, what will the monthly payment be after the death of the Social Security or pension recipient listed? \_\_\_\_\_/month
- 3) Resident understands that to address issues of Resident safety and Community economic stability, Enso Village may make background and credit checks on the applicant(s). By my/our signature(s) below, I/we consent to such background and credit checks. I hereby declare that all statements made herein are true according to my best knowledge and belief.

**In witness whereof, I have hereunto set my hand to this application this \_\_\_\_ day of \_\_\_\_\_ 202\_\_\_\_.**

\_\_\_\_\_  
Future Resident Signature

\_\_\_\_\_  
Future Resident Signature

\_\_\_\_\_  
Witness

