LINDEN KNOLL
independent senior apartments

APPLICATION INFORMATION AND GUIDELINES

Age and Income Eligibility

Linden Knoll provides senior living apartments and related services to persons aged 62 and older. In the case of a couple, one resident may be younger than age 62 provided that the other resident meets the minimum age requirement. Linden Knoll provides market rate, non-subsidized housing to seniors of moderate income.

Monthly Rent

The rental amount includes all utilities, internet and cable television but excludes telephone. Linden Knoll offers a wide variety of optional services including dining services and housekeeping. Numerous recreational programs are available, most of which are at no cost. There are also ongoing opportunities to take part in social events, functions, and volunteer programs.

Documentation of Annual Income

Each applicant is required to provide a copy of the most recent year's federal income tax return. In the event that an applicant is not required to file a federal tax return, copies of statements documenting annual income will be required instead, such as pension statements, social security statement, and statements detailing other sources of non-taxable income. Applications will not be processed without accompanying documentation of annual income. All income information provided to Linden Knoll is treated in a strictly confidential manner.

Security Deposit

Upon accepting an apartment, a refundable Security/Damage Deposit of one month's rent is required to secure your apartment, not subject to normal wear and tear.

Equal Housing

Linden Knoll provides housing and services to older adults, and in its leasing, services provision and operating practices does not discriminate on the basis of race, color, religion, handicap, familial status, or national origin.

Application for Residency

All information furnished herein is regarded as confidential

(Please Print)

Name _____

Address _____ Street/PO Box_____

_____

City State Zip Code

Phone (___)_____Social Security Number _____

Length of time at present address_____ Date of Birth _____

Email_____

Other person to occupy apartment:

Name_____ Relationship_____

Date of Birth_____ Social Security Number _____

Alternative person to contact in case we cannot reach you:

(Please print)

Name_____

Email _____Phone No. (____)_____

WELLNESS INFORMATION

1. Are you capable of residing in an apartment at Linden Knoll and carrying on your normal routines without assistance from anyone else?

First Person Yes No **Second Person** Yes No

If NO, please briefly describe the assistance you would require.

First Person

_____

_____

Second Person

_____

_____

2. Can you independently manage your daily living activities such as:

A. **Medications**
B. **Personal Hygiene**
C. **Orientation**
D. **Medical Equipment**

First Person Yes No **Second Person** Yes No

If NO, please briefly describe the assistance you would require:

First Person

_____

_____

Second Person

_____

_____

3. Please provide the **name, address and telephone number** of your primary care physician.

First Person

_____
Name

_____
Address

( )_____
Phone

Second Person

_____
Name

_____
Address

( )_____
Phone

INSURANCE INFORMATION

Social Security Number	Medicare Number	Medicaid Number
- -		

Medicare Part A	Yes [ ] No [ ]	Medicare Part B	Yes [ ] No [ ]
Other Supplemental Insurance	Yes [ ] No [ ]	Policy Number	Group Number
Long Term Care Policy	Yes [ ] No [ ]	Policy Number	Contact Phone Number - -

FINANCIAL INFORMATION

Monthly Income

1. Social Security $
2. Pension/Retirement $
3. Other Income $
(income from employment will not be considered)

Source/description

Assets and Liabilities

1. Savings & CDs $
2. Stocks & Bonds $
3. Trust & Estate Equities $
4. Value of Real Estate $
5. Address(es) of Real Estate $

Other Assets: $
Total Assets: $
Total Liabilities $

PERSONAL PROPERTY AND FINANCIAL ASSETS

Bank Account Type	Balance	Bank	City	Account Number
Bank Account Type	Balance	Bank	City	Account Number
Bank Account Type	Balance	Bank	City	Account Number

I have read and understand the application information and guidelines provided with this application. This application for residency and the accompanying information furnished to Linden Knoll is, to the best of my knowledge, complete, true and accurate. If I become aware of any material omission or misstatement regarding application information I have provided, I agree to disclose this information promptly to Linden Knoll. In making application for residency, I acknowledge that Linden Knoll provides independent living and related services to adults aged 62 and over. There are no physical, mental or emotional conditions that may limit my/ our ability to live independently in an apartment at Linden Knoll with reasonable accommodation.

Signature_____ Date_____