



Lutheran Village at MILLER'S GRANT

Application for Residential Living Residency



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Application for Residential Living Residency

Apartment Home Date: _____

Unit #: _____ Unit Name: _____ Unit Address: _____

Entrance Fee: _____

First Applicant Name: Last _____ First _____ M.I. _____

Social Security #: _____ Birth Date: Mo. _____ Day _____ Year _____

Address: Street: _____ City: _____

State: _____ Zip Code: _____ Telephone #: (_____) _____

Marital Status: S _____ M _____ W _____ Gender: M _____ F _____

Second Applicant Name: Last _____ First _____ M.I. _____

Social Security #: _____ Birth Date: Mo. _____ Day _____ Year _____

Address: Street: _____ City: _____

State: _____ Zip Code: _____ Telephone #: (_____) _____

Marital Status: S _____ M _____ W _____ Gender: M _____ F _____

Residential Living

Apartment		
Oakland – One Bedroom		<input type="checkbox"/>
Snowden – One Bedroom with Den		<input type="checkbox"/>
Dayton – Two Bedroom		<input type="checkbox"/>
Highland – Two Bedroom with Den		<input type="checkbox"/>
Clark – Two Bedroom with Den		<input type="checkbox"/>
Glenwood – Two Bedroom, Den with Dining Room		<input type="checkbox"/>

Home		
Woodstock – Two Bedroom with Den Duplex		<input type="checkbox"/>
Woodstock – Two Bedroom with Den Single		<input type="checkbox"/>
Elkridge – Two Bedroom with Den Single		<input type="checkbox"/>
Elkridge – Two Bedroom with Den Single with Basement		<input type="checkbox"/>

FINANCIAL DATA FORM FOR LUTHERAN VILLAGE AT MILLER'S GRANT

1st Applicant Name: _____ 2nd Applicant Name: _____

MONTHLY INCOME			
	First Applicant	Second Applicant	Total
Social Security	\$	\$	\$
Pension & Retirement	\$	\$	\$
Annuities (describe how annuity is paid to beneficiary)	\$	\$	\$
Dividends & Interest	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

ASSETS			
		Owner(s)	Beneficiary
House	\$		
Savings	\$		
Certificate of Deposit	\$		
Mutual Funds	\$		
Stocks	\$		
Bonds	\$		
Other Real Estate	\$		
Other	\$		
Total	\$		

LIABILITIES	
Mortgage	\$
Home Equity Loan	\$
Other Debts	\$
Total	\$

INFORMATION
Long-Term Care Insurance (Yes or No)
LTC Insurance Company Name & Policy Number
Upon death of spouse ... *Describe how Social Security Benefit(s) will change:
<input type="checkbox"/> Pension ceases <input type="checkbox"/> Pension reduces _____% <input type="checkbox"/> No Change
*Does the Pension amount increase with inflation? If so, describe:

Wellness Appraisal

A Wellness Appraisal is required for Residential Living Residency. The Wellness Appraisal should not occur more than six months prior to the move-in date.

The Lutheran Village at MILLER'S GRANT respects your right to privacy and safeguards the confidential personal information you provide us in this application for residency at MILLER'S GRANT. The Lutheran Village at MILLER'S GRANT will not disclose confidential personal information it obtains from you. You agree to provide additional information if requested and authorize MILLER'S GRANT to verify information. You agree to not transfer or deliberately reduce assets or income, and any significant changes in your financial status will be reported to MILLER'S GRANT Finance Office. MISINFORMATION IS CAUSE FOR CANCELLATION OF RESIDENCY AGREEMENT.

*Please be sure to include the following information with your application:

Completed Application

Copy of IRS Form 1040 (Most Recent)

** \$300 Application Processing Fee (payable to MILLER'S GRANT)

\$300 application processing fee is **non-refundable.

When you complete the application, to include the above documents forward to:

MILLER'S GRANT • 9531 Frederick Road • Ellicott City, MD 21042.

I (WE) HEREBY ACCEPT ALL CONDITIONS SET FORTH AND DECLARE IN THIS APPLICATION ALL STATEMENTS MADE HEREIN ARE TRUE AND COMPLETE ACCORDING TO MY (OUR) BEST KNOWLEDGE AND BELIEF. IN WITNESS, I (WE) HAVE SET MY (OUR) HAND TO THIS APPLICATION THIS _____ DAY OF _____, 20_____.

First Applicant

Witness

Second Applicant

Witness

Office Use Only:

Date Application Received: _____ By Whom: _____ Application Fee: _____

MILLER'S GRANT • 9531 Frederick Road • Ellicott City, MD 21042
Phone 410-465-2005 • Toll-Free 1-877-461-8933 • Fax 410-461-8936