OAKWOOD
VILLAGE

Oakwood Village Application for Residency

Applying For:	
❒ **OAKWOOD VILLAGE PRAIRIE RIDGE** 5565 Tancho Drive Madison, WI 53718 ❒ Life Lease Apartment Homes ❒ Assisted Living ❒ Memory Care ❒ Advanced Assisted Living ❒ Skilled Nursing	❒ **OAKWOOD VILLAGE UNIVERSITY WOODS** 6205 Mineral Point Road Madison, WI 53705 ❒ Life Lease Apartment Homes ❒ Assisted Living ❒ Memory Care ❒ Skilled Nursing

❒ I'm ready to move within 60 - 90 days if the right apartment is available.
❒ I'm not ready to move to Oakwood Village, but I am planning for my future.

Life Lease Apartment Home Style Preference (view, floor, style, etc.): _____

_____

Tell Us About Yourself!		
	Applicant	**Co-Applicant**
Legal Last Name		
Legal First Name		
Legal Middle Name		
Preferred Name		
Street Address		
City, State, Zip		
Please check preferred contact method:		
❒ Telephone (Home/Landline)		
❒ Telephone (Mobile/Cell)		
❒ Email		
Gender		
Marital Status		
Birth Date / Current Age	/	/
Former/Current Occupation		

Financial Information

- *Oakwood will review your financial information to confirm your ability to cover living and future care costs.*
- *All details are confidential and may be verified. Incomplete information will delay your application.*
- *All listed assets and income will be considered available to cover services and care at Oakwood.*
- *Please include a copy of your most recent 1040 tax return with this application (no schedules needed).*

	Applicant	Co-Applicant	Joint
Current Monthly Income (Gross)			
Social Security			
Pension / Duration			
Annuity / Duration			
Other (describe)			
Total Monthly Income			
Assets			
Cash (savings/checking/CD)			
Primary Residence Value (if owned)			
Mortgage Balance			
Other Real Estate – Value			
Mortgage balance			
Address			
Stocks/Equity Funds Value / Balance			
Monthly Investment Income			
Traditional IRA/401(k) Value / Balance			
Monthly Investment Income			
Roth IRA/401(k) Value / Balance			
Monthly Investment Income			
Bonds/Bond Funds Value / Balance			
Monthly Investment Income			
Annuity (Surrender Value)			
Trust Assets (if in applicant name) *Do not list irrevocable trusts.*			
Current Trust Fund Monthly Income			
Life Insurance –Cash Value			
Liabilities (attach additional pages if needed)			
Creditor Name			
Balance Owed			
Monthly Payment			
Other Obligations (please describe)			
Assets greater than $5,000 sold or gifted in the last five years. Include those sold for less than market value.			

Long Term Care Insurance		
	Applicant	**Co-Applicant**
Provider Name		
Elimination Period (days)		
Benefit Period (years or maximum)		
Assisted Living Daily Benefit		
Skilled Nursing Daily Benefit		
Inflation adjusted? Percentage?		
Annual Premium		

Emergency Contact Information		
Will the applicant be handling his/her own financial matters at Oakwood Village? If not, please identify the Responsible Party and provide a copy of Financial Power of Attorney.		
Emergency Contact 1 Full Name ❒ *Check if Responsible Party*		
Relationship		
Address		
City, State Zip		
Email		
Phone Number		
Emergency Contact 2 Full Name ❒ *Check if Responsible Party*		
Relationship		
Address		
City, State Zip		
Email		
Phone Number		

Other (for Ready Applicants only)		
Social Security Number		
Medicare Insurance Provider and Number *		
Secondary Health Insurance Card Number*		
Prescription Drug Coverage Card Number*		
Power of Attorney – Health Care*	Yes ❒ No❒	Yes ❒ No❒
Financial Power of Attorney*	Yes ❒ No❒	Yes ❒ No❒
**Please provide copies with your application. Copies are required with your application for assisted living and memory care.*		

Personal Health Information (for Ready Applicants only)		
	Applicant	**Co-Applicant**
Name of Primary Care Physician		
Clinic Name		
Clinic Street, City, State		
Clinic Phone Number		
Clinic Fax Number		
Dentist		
Clinic Name		
Clinic Address		
Clinic Phone Number		
Current Pharmacy		
Hospital Preference		

In completing this application, I am aware of the following:

- ❒ The information and financial data in this application is used to determine admission eligibility to Oakwood.
- ❒ Oakwood Village will rely upon and is entitled to rely upon the accuracy of my statements.
- ❒ I may be requested to update this application when Oakwood Village considers it appropriate.
- ❒ Oakwood Village is authorized to conduct a criminal background check.
- ❒ Oakwood Village is authorized to conduct a registered sex offender check of applicant(s).
- ❒ Please note that we are unable to process your application unless we are permitted to conduct a criminal background check and registered sex offender screening, as required by our policy.
- ❒ I confirm that the information provided is true and complete. I authorize verification with my doctors, pharmacists, and financial advisors.

Signature Of Applicant/ Preparer Date

Signature Of Co-Applicant Date

Printed Name of Preparer if other than Applicant

Capacity Of Preparer: ❒Spouse ❒Guardian ❒POA - Financial ❒POA – Health Care

Please include a refundable application deposit of $1,000 for independent living only. Make your check to Oakwood Village. No fee required for assisted living, memory care, or skilled nursing.

Mail your completed application and deposit (if applicable) to your preferred Oakwood Village campus. Addresses are on page one.

Oakwood Village reserves the right to accept or reject any applicant. Oakwood Village follows all local, state and federal fair housing laws and provides equal access regardless of race, sex, religion, color, sexual orientation, national origin or ancestry, age, disability, marital status or physical appearance, or any other protected status. Oakwood Village is a smoke free, Equal Housing Opportunity community.

❒ $1,000.00 Deposit Received

Received by *Date* *Check Number*