

Oakwood Village Application for Residency

Prairie Ridge
5565 Tancho Drive
Madison, WI 53718
(608) 230-4580



OAKWOOD
VILLAGE

University Woods
6205 Mineral Point Road
Madison, WI 53705
(608) 230-4580

APPLICATION FOR:

- Ready List - Given availability of the right apartment/suite, I would be ready within 60 days
Wait List - I'm not quite ready to move to Oakwood Village, but I am planning for my future

PRAIRIE RIDGE

UNIVERSITY WOODS

- Life Lease Apartment Homes
Assisted Living
Memory Care
Advanced Assisted Living

Life Lease style preference (if applicable)

APPLICANT #1

APPLICANT #2

Form fields for Applicant #1 and Applicant #2 including: Legal Last Name, Legal First Name, Legal Middle Name, Preferred Name, Street Address, City, State, Zip, Telephone - Home, Cell/Work, Email, Gender (Male/Female), Marital Status, Birth Date, Current Age.

How did you learn about Oakwood Village? If it was a current resident or advertising, please be specific:

FINANCIAL INFORMATION:

We review the following information to evaluate your financial ability to pay for cost of living and possible future care at Oakwood Village. This information is kept confidential but is subject to verification. Incomplete information will delay the processing of your application. **All items listed on this page will be considered available to pay for the cost of services and health care at Oakwood. Please provide copy of the first two pages of your most recent tax return (1040) with this application for verification purposes.**

Joint column only to be used for items not specific to either applicant

Monthly Income	APPLICANT #1	APPLICANT #2	OR	JOINT
Social Security	\$ _____	\$ _____	\$	N/A
Pension	\$ _____	\$ _____	\$	N/A
Annuities	\$ _____	\$ _____	\$	_____
Other _____	\$ _____	\$ _____	\$	_____

Assets	APPLICANT #1	APPLICANT #2	OR	JOINT
Cash (savings/checking)	\$ _____	\$ _____	\$	_____
Primary Residence (if owned)	\$ _____	\$ _____	\$	_____
Other Real Estate	\$ _____	\$ _____	\$	_____
Stocks/Equity Funds	\$ _____	\$ _____	\$	_____
Monthly Investment Income	\$ _____	\$ _____	\$	_____
IRA/401K	\$ _____	\$ _____	\$	_____
Monthly Investment Income	\$ _____	\$ _____	\$	_____
Bonds/Bond funds	\$ _____	\$ _____	\$	_____
Monthly Investment Income	\$ _____	\$ _____	\$	_____
Trust Assets (if in applicant name)	\$ _____	\$ _____	\$	_____
Trust Fund Monthly Income	\$ _____	\$ _____	\$	_____
Life Insurance (current cash value)	\$ _____	\$ _____	\$	_____

Liabilities

Mortgage(s) \$ _____

Other obligations (Please describe) _____

Have you transferred money or made a significant financial gift (greater than \$5,000) to anyone in the past five years?

Please describe: _____

Long Term Care Insurance

	APPLICANT #1	APPLICANT #2
Provider	_____	_____
Benefit Period (lifetime or years)	_____	_____
Elimination Period (days)	_____	_____
Assisted Living Daily Benefit	_____	_____
Skilled Nursing Daily Benefit	_____	_____
Inflation Adjusted (yes or no)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate percentage	_____	_____
Annual Premium	\$ _____	\$ _____

EMERGENCY CONTACT

Name _____

Telephone _____

Relationship to Applicant(s) _____

Email _____

In completing this application, I am aware that

1. The information and financial data in this application will be used to determine eligibility for admission to Oakwood Village.
2. Oakwood Village will rely upon and is entitled to rely upon the accuracy of my statements.
3. I will be asked to provide updated/additional information prior to my move to Oakwood.

Do you authorize Oakwood Village to conduct a criminal background check of applicant(s)?

Yes No

Do you authorize Oakwood Village to conduct a registered sex offender check of applicant(s)?

Yes No

Do you authorize Oakwood Village to conduct a credit check?

Yes No

Please note that if you do not allow Oakwood Village to conduct a criminal background check and registered sex offender check and credit check, we are unable to process your application.

I declare that the information given in this application is true, full and complete.

Signature of applicant _____ Date _____

Signature of preparer if other than applicant _____ Date _____

Printed name of preparer if other than applicant _____ Date _____

Capacity of signer: Self Spouse Guardian POA-Financial POA-Healthcare

Please include refundable application fee of \$1,000 for independent living. No application fee is required for assisted living or memory care.

OAKWOOD VILLAGE reserves the right to accept or reject any applicant for admission. Guidelines for acceptance and participation in Oakwood Village programs are the same for everyone without regard to race, sex, religion, color, sexual orientation, national origin or ancestry, age, disability, marital status or physical appearance, or any other basis prohibited by local, state or federal laws, rules or regulations. Oakwood is an Equal Housing Opportunity community which adheres to all state and federal fair housing laws. Oakwood is a smoke-free community.



To Be Completed By Oakwood

Received by: _____

Date: _____

Deposit received: _____ \$1,000.00

Check number: _____

