SCHOOLYARD SQUARE
A StoneRidge retirement living community

Thank you for your interest in Independent Living at Schoolyard Square, a StoneRidge Retirement Living Community! We're honored that you are considering our community for your retirement needs and thrilled that you have decided to take the next step in applying. Following is some guidance to ensure a smooth application process.

Thoroughly complete each section of the application. Also, please be sure to read the notes and attach additional documents as required.

Please use the checkbox below to verify that you have carefully completed each step and provided proper documentation. This will enable our Team to expedite their review and guarantee that any additional information needed is minimal.

Thank you again, and if you have any questions, please call our Administrator at 570.345.4075. We look forward to serving you in the future.

Completion Checklist & Certification

Note: **Please complete the checklist below as you attach copies of the requested items. Mark "n/a" for items that are not applicable.**

	Federal Income Tax Returns for the TWO most recent years		**Retirement Investment Statements** (including: 401 (k), IRAs, Simple Plans)
	Checking, Savings & Money Market Accounts		**Long-Term Care Policy Declaration Page**
	Certificates of Deposit		**Medicare, Supplemental and Prescription Drug Insurance Cards**
	Non-IRA Investment Statements (including: Brokerage Accounts, Mutual funds, Annuities, Bonds, Individual		**Additional Documentation as Requested**

Note: **Failure to provide full and complete disclosure of the information requested in this application may result in your Resident Agreement being voided.**

"I certify that all of the information regarding my financial and health status has been fully and accurately provided to the best of my knowledge and ability at this time."

Signature of **Applicant 1** _____ Date ____/____/____

Signature of **Applicant 2** _____ Date ____/____/____

Section I: General Information

Personal & Contact Information

Date of Application _____/_____/_____

APPLICANT 1 _____ SSN _____

Date of Birth ____/____/____Phone (cell) _____ Email _____

APPLICANT 2 _____ SSN _____

Date of Birth ____/____/____Phone (cell) _____ Email _____

Address _____Phone (home) _____
Street

Address _____
City, State Zip

Alternate Contact _____

Relationship to Applicant(s) _____

Address _____

Phone (home) _____ (cell) _____ Email _____

Does this person hold power of attorney for the applicant(s)? ☐ Yes ☐ No

Did this person assist with preparing the application? ☐ Yes ☐ No

Possession of Vehicles

List any vehicles you plan to keep at Poplar Run.

Make	**Model**	**License No.**
Make	**Model**	**License No.**

Section II: Financial Information

Sources of Income & Assets

Note: **Please list the bank or brokerage company for all assets and investments. Documentation of all non-real estate investments must accompany the application.**

Please list the payor sources for all income. Your latest account statement showing verification of deposit must be included for each item below. In addition, copies of your income tax returns for the last two years will need to accompany the application.

Type of Asset	**Applicant 1** (if jointly held)	**Applicant 2**	**Jointly Held**	**Type of Income**	**Applicant 1**	**Applicant 2**	**Death Benefit**
Checking, Savings, Money Market Accounts				**Social Security** (net per month, attach copy of your SSA-1099)	$_____	$_____	
_____	$_____	$_____	☐				
_____	$_____	$_____	☐				
_____	$_____	$_____	☐				
Certificates of Deposit				**Pensions** (defined benefit)			
_____	$_____	$_____	☐	_____	$_____	$_____	_____%
_____	$_____	$_____	☐	_____	$_____	$_____	_____%
_____	$_____	$_____	☐	_____	$_____	$_____	_____%
Non-IRA Investments (including: Brokerage Accounts, Mutual funds, Annuities, Bonds, Individual Stocks, etc.)				**Other Income**			
_____	$_____	$_____	☐	_____	$_____	$_____	
_____	$_____	$_____	☐	_____	$_____	$_____	
_____	$_____	$_____	☐				
Retirement Investments (including: 401 (k), IRAs, Simple Plans)							
_____	$_____	$_____	☐				
_____	$_____	$_____	☐				
Real Estate							
Address Listed (if owned)	$_____	$_____	☐				
_____	$_____	$_____	☐				

Section II: Financial Information

Anticipated Liabilities & Ongoing Expenses

Note: **If loan/mortgage payments are due, please include documentation showing the remaining balance.**

Type of Liability	Applicant 1	Applicant 2	Jointly Held	Total Balance Remaining
Monthly Mortgage Payments _____	$_____	$_____	☐	$_____
Monthly Loan/Credit Card Payments _____	$_____	$_____	☐	$_____
Ongoing Expenses				**Special Notes**
Monthly Health Insurance Premium(s) _____	$_____	$_____	☐	
Annual Long-Term Care Insurance Premium(s) _____	$_____	$_____	☐	
Annual Life Insurance Premium(s) _____	$_____	$_____	☐	
Monthly Prescription Costs _____	$_____	$_____	☐	
Monthly Medical Supplies _____	$_____	$_____	☐	
Contracted Medical Services _____	$_____	$_____	☐	
Annual Car Insurance Premium(s) _____	$_____	$_____	☐	
Annual Misc. Insurance Premium(s) (RV, Boat, etc.) _____	$_____	$_____	☐	

Section II: Financial Information

Insurance Coverage

Note: **Please attach copies of insurance cards and/or long-term care policy declaration pages to the application.**

Applicant 1

Do you have a Medicare Part B Premium deducted from your Social Security?

☐ Yes ☐ No Amount $_____

Do you have a Medicare Part D Premium deducted from your Social Security?

☐ Yes ☐ No Amount $_____

Do you have a Medicare Supplemental Premium? ☐ Yes ☐ No

Is your Medicare Supplemental Premium paid for by a previous employer? ☐ Yes ☐ No

If Yes, does the reimbursement continue to your spouse upon your death? ☐ Yes ☐ No

Applicant 2

Do you have a Medicare Part B Premium deducted from your Social Security?

☐ Yes ☐ No Amount $_____

Do you have a Medicare Part D Premium deducted from your Social Security?

☐ Yes ☐ No Amount $_____

Do you have a Medicare Supplemental Premium? ☐ Yes ☐ No

Is your Medicare Supplemental Premium paid for by a previous employer? ☐ Yes ☐ No

If Yes, does the reimbursement continue to your spouse upon your death? ☐ Yes ☐ No

Section III: Health Information

Personal Health Questionnaire

Note: **A release for medical records will be requested closer to occupancy and your doctor contacted.**

APPLICANT 1

1. Rate your overall health at the present time: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

2. Does your health limit daily activities? ☐ Not at all ☐ A little ☐ A great deal

3. How is your health compared to last year? ☐ Better ☐ Same ☐ Worse

4. Physicians seen within the last 24 months:

Name	Type	Phone
Name	Type	Phone
Name	Type	Phone
Name	Type	Phone

5. Hospitals utilized within the past 12 months:

Hospital	Condition	Dates
Hospital	Condition	Dates

6. Are you receiving physical, occupational or speech therapy?

Location	Condition	Dates
Location	Condition	Dates

7. Please list any chronic diseases or physical limitation: _____

_____

8. Please list any allergies: _____

9. Please check all that apply:

	Tuberculosis	Was It Resolved?	Treatment and Results
	Cancer	Was It Resolved?	Treatment and Results
	Emotional Breakdown	Was It Resolved?	Treatment and Results
	Alcoholism	Was It Resolved?	Treatment and Results

Section III: Health Information

Personal Health Questionnaire

Note: **A release for medical records will be requested closer to occupancy and your doctor contacted.**

APPLICANT 2

1. Rate your overall health at the present time: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

2. Does your health limit daily activities? ☐ Not at all ☐ A little ☐ A great deal

3. How is your health compared to last year? ☐ Better ☐ Same ☐ Worse

4. Physicians seen within the last 24 months:

Name	Type	Phone
Name	Type	Phone
Name	Type	Phone
Name	Type	Phone

5. Hospitals utilized within the past 12 months:

Hospital	Condition	Dates
Hospital	Condition	Dates

6. Are you receiving physical, occupational or speech therapy?

Location	Condition	Dates
Location	Condition	Dates

7. Please list any chronic diseases or physical limitation: _____

_____

8. Please list any allergies: _____

9. Please check all that apply:

	Tuberculosis	Was It Resolved?	Treatment and Results
	Cancer	Was It Resolved?	Treatment and Results
	Emotional Breakdown	Was It Resolved?	Treatment and Results
	Alcoholism	Was It Resolved?	Treatment and Results