



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 Stocks, etc.) | | 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** _____ Date _____ / _____ / _____

Section I: General Information

Personal & Contact Information

Date of Application _____ / _____ / _____

APPLICANT _____ **SSN** _____

Date of Birth _____ / _____ / _____ **Phone (cell)** _____ **Email** _____

Address _____ **Phone (home)** _____

Address _____
Street

City, State Zip

Alternate Contact _____

Relationship to applicant _____

Address _____

Phone (home) _____ **(cell)** _____ **Email** _____

Does this person hold power of attorney for the applicant? 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. |
|-------------|--------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 | Amount | TYPE OF INCOME | Amount |
|--|----------------------------------|---|----------------------------------|
| 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 | Amount of Payment | 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 _____ | \$ _____ | |
| ANNUAL LIFE INSURANCE PREMIUM(S) _____ | \$ _____ | |
| MONTHLY PRESCRIPTION COSTS _____ | \$ _____ | |
| MONTHLY MEDICAL SUPPLIES _____ | \$ _____ | |
| CONTRACTED MEDICAL SERVICES _____ | \$ _____ | |
| ANNUAL CAR INSURANCE PREMIUM _____ | \$ _____ | |
| 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

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

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. 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 |
|------|------|-------|
| | | |
| | | |
| | | |
| | | |

5. Hospitals utilized within the past 12 months:

| Hospital | Condition | Dates |
|----------|-----------|-------|
| | | |
| | | |

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

| 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 |
| | | |