

ClarkLindsey Village Residential Application



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Thank you for your interest in residency at ClarkLindsey

Clark-Lindsey actively celebrates all people and their backgrounds through our actions and activities. As part of our ongoing journey and commitment, we strive to create a diverse and equitable environment for our residents, staff, affiliates and visitors.

This is an application to join the wait list as a Prospective Resident at ClarkLindsey Village, Inc. (ClarkLindsey). Only upon approval of this application and execution of a Wait List Agreement will you have rights related to ClarkLindsey.

There is no application fee. At such time as your application is approved and a Prospective Residency Agreement is fully executed, a fee will be due. The fee to join the Standard Wait List is \$1,500. This fee will not be applied to your Entrance Fee at such time as you select a unit. Prior to occupancy, you may terminate the Standard Wait List Agreement and receive a refund of \$1,000. If you are unable to move into a Unit because of death or due to no longer meeting the Minimum Residency Requirements, the total fee will be refunded.

The fee to join the Platinum Wait List is \$20,000. This fee serves as a down payment on your unit and is applied in its entirety to your Entrance Fee at such time as you select a unit. Upon the third time you decline to accept a unit offered to you, you will be refunded \$18,500 and your name will automatically be removed from the Wait List. Prior to occupancy, Platinum Wait List Members may terminate the Platinum Wait List Agreement and receive a refund of \$18,500. If you are unable to move into a unit because of death or due to no longer meeting the Minimum Residency Requirements, the total fee will be refunded. The Residency Fee and any remaining fees will be due upon acceptance of a Unit.

The method of addressing names on the wait list is more specifically described in the Wait List Agreement and in any applicable portion of the Policies and Procedures, a copy of which is available upon request. ClarkLindsey maintains several forms relating to residency in, and operation of, ClarkLindsey. These forms are available from the marketing department. Please note that these forms may be amended as therein described and that the amended forms will supersede the agreements outstanding, from time to time.

Please note that this application is not an agreement between or among the parties except as to the confidentiality of the information provided and the authorization for credit and background checks. ClarkLindsey shall take all reasonable steps to maintain all application information in confidence. However, such information is not covered by a legal privilege and may be subject to disclosure if ordered by a court of competent jurisdiction.

This application is subject to all applicable laws, regulations and ordinances. Any term or provision which may inadvertently violate any such law, regulation or ordinance shall be interpreted in a manner so as to not be in such violation.

APPLICATION FOR PROSPECTIVE RESIDENCY AT CLARKLINDSEY

Application Type: Sole Primary Resident Application Joint Primary Resident Application

Waiting List Type: Standard Wait List Application Platinum Wait List Application

Applicant Full Name: Birth Date Social Security Number

Joint Applicant Full Name: Birth Date Social Security Number

Address: _____

City: _____ State: _____ Zip: _____

Telephone No. _____ e-mail address _____

Marital Status: Single Married Widowed Divorced

Gender: (Applicant 1) Male Female _____ Non-binary/non-conforming

Gender: (Applicant 2) Male Female _____ Non-binary/non-conforming

Check one: Anticipate moving within 90 days Not planning to move within 90 days

I (we) would consider the following independent living options:

Legacy Apartments:

- Bristol (1 bedroom) Carlton (1 bedroom expanded)
- Concord (2 bedroom) Hartford (2 bedroom expanded) Stratford (Corner 2 bedroom)
- Devonshire/Lincolnshire/Berkshire/Yorkshire/Wilshire (Deluxe 2 bedroom series)

North Building:

- Discovery (1 bedroom)
- Adventure (2 bedroom standard) Enchantment (2 bedroom deluxe)
- Serenity (2 bedroom deluxe expanded) Utopia (2 bedroom corner deluxe)

Meadows Edge Villas:

- Trails (2 bedroom, 2-car garage)
- Monarch (2 bedroom, 1-car garage) Monarch with basement (2 bedroom, 1-car garage)
- Parkview (2 bedroom, 2-car garage) Parkview with basement (2 bedroom, 2-car garage)

FINANCIAL STATEMENT OF APPLICANT(S)

In the case of two Applicants, all assets are assumed to be held jointly, unless otherwise noted by Applicants.

ANNUAL INCOME

(Please attach a copy of pages 1 and 2 and Schedules B and E of your most recently filed IRS 1040.)

	Applicant 1	Applicant 2
1. Social Security	\$ _____	\$ _____
2. Pension/SURS	\$ _____	\$ _____
Survivorship interest?	_____ %	_____ %
Does income adjust for inflation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is income taxable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the end date of benefits?	___ / ___ / ___	___ / ___ / ___
3. IRA distributions annual withdrawal		
Account name: _____	\$ _____	\$ _____
Account name: _____	\$ _____	\$ _____
Account name: _____	\$ _____	\$ _____
Account name: _____	\$ _____	\$ _____
4. Annuities-Asset death benefit?	\$ _____	\$ _____
Survivorship interest?	_____ %	_____ %
Does income adjust for inflation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does income taxable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the end date of benefits?	___ / ___ / ___	___ / ___ / ___
5. Rental Income	\$ _____	\$ _____
6. Other Income (please describe)	\$ _____	\$ _____

TOTAL ANNUAL INCOME	\$ _____	\$ _____

LONG-TERM CARE INSURANCE

Insured	Insurance Company	Daily Benefit	Elimination Period	Length of Benefit	Annual Premium
_____	_____	\$ _____	days: _____	term _____	\$ _____
_____	_____	\$ _____	days: _____	term _____	\$ _____

If more space is needed, please attach a separate sheet listing the information.

ASSETS & LIABILITIES

If jointly held assets, list under Applicant 1.

ASSETS

Applicant 1

Applicant 2

Savings/Checking/CDs

Institution name _____	\$ _____	\$ _____
Institution name _____	\$ _____	\$ _____
Institution name _____	\$ _____	\$ _____

Please attach an itemized list or statement of the following showing current fair market values:

Primary Residence – Address: _____	\$ _____	\$ _____
Other Real Estate – Description: _____	\$ _____	\$ _____
Other Assets – Description: _____	\$ _____	\$ _____
Stocks / Mutual Fund		
Institution where held _____	\$ _____	\$ _____
Institution where held _____	\$ _____	\$ _____
Bonds / Bond Fund		
Institution where held _____	\$ _____	\$ _____
Institution where held _____	\$ _____	\$ _____
Regular IRA (s)		
Institution where held _____	\$ _____	\$ _____
Institution where held _____	\$ _____	\$ _____
Roth IRA(s)		
Institution where held _____	\$ _____	\$ _____
Institution where held _____	\$ _____	\$ _____
Funds in Trust (<i>show your beneficial interest</i>)	\$ _____	\$ _____

TOTAL ASSETS	\$ _____	\$ _____
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LIABILITIES

Primary Residence – Address: _____	\$ _____	\$ _____
Other (Description): _____	\$ _____	\$ _____

TOTAL LIABILITIES	\$ _____	\$ _____
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NET ASSET BALANCE	\$ _____	\$ _____
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LIFE INSURANCE

Life Insurance (if more space is needed, attach separate sheet listing information):

Insured's Name	Insurance Company	Benefit Amt.	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____

I hereby make application for Prospective Residency at ClarkLindsey. I declare that the answers to the questions on this application are true, full, and complete, and I authorize the release to ClarkLindsey of any and all information which ClarkLindsey may require to verify my current credit rating and financial status. I affirm that all of the assets listed on this application are available to me (and, if this is a joint application, also available to my joint Applicant) to pay the costs and charges at ClarkLindsey.

I understand that ClarkLindsey has a policy of assisting those who have experienced unexpected expenses and may, on a case by case basis, reduce or waive fees for a Primary or Additional Resident who no longer has available assets to cover living expenses. I understand that this potential benefit does not apply to Temporary Residents, Term Residents or Trial Residents.

If I wish to rely on the possibility of assistance from ClarkLindsey, I agree not to reduce my (or another Applicant's) estate by gift (or other transfer for insufficient consideration) to an amount which will not reasonably be expected to cover, with reasonable certainty all expenses and fees at ClarkLindsey for the remainder of my life (and, if this is a joint application, for the remainder of the life of my joint Applicant). I understand that there is no prohibition against transfers which perform reasonable estate planning purposes, while not reducing funds available to pay ClarkLindsey charges.

I certify that I meet the Minimum Residency Requirements, or, in the alternative, that I have agreed with ClarkLindsey Village as to the applicable Adjusted Residency Requirements. If Adjusted Residency Requirements apply, then the form specifying such items is attached to this application.

ClarkLindsey may conduct a criminal background check against sex-offender and criminal databases prior to acceptance into ClarkLindsey. The law requires such background checks prior to acceptance into skilled care facilities. I agree that ClarkLindsey may perform the abovementioned background checks as part of this application process as well as prior to my acceptance into any of the ClarkLindsey facilities. I have included all of the requested financial information to be considered for future residency. I agree that ClarkLindsey may perform a re-verification of my finances at the time I accept a Unit at ClarkLindsey.

I affirm that I am not, nor have I ever been, (a) a registered sex offender, or (b) convicted of any felony offense listed in Section 25 of the Health Care Worker Background Check Act. I agree that, if such background checks determine to the contrary, or if such becomes the case at any time in the future, I will not be able to reside in ClarkLindsey Village.

In the case of two Applicants, singular terms shall be considered plural.

Signature of Applicant

Date

Signature of Joint Applicant

Date