



- ☐ Waiting List  
☐ Ready List  
☐ Early Advantage

## Application for Carolina Meadows

I/we hereby apply for the Waiting List or Ready List at Carolina Meadows with the following understandings:

I/we will pay a non-refundable application fee of \$500.00. This fee will not be applied towards any future balances at Carolina Meadows.

PLEASE PRINT ALL INFORMATION

### PERSONAL DATA

#### Applicant 1

LAST NAME, FIRST NAME, MIDDLE INITIAL

EMAIL ADDRESS

DATE OF BIRTH

CELL PHONE

HOME PHONE

PRIMARY ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

### EDUCATIONAL BACKGROUND

PLEASE NOTE NAME OF SCHOOL, DEGREE(S) OR DIPLOMA(S) AND MAJOR FIELD(S) OF STUDY.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### VOCATION OR PROFESSION

NOTE MAJOR VOCATION(S) OR OCCUPATION(S).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### HOBBIES OR SPECIAL INTERESTS

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant 1

Applicant 2

**HEALTH INFORMATION**

NAME AND ADDRESS OF PERSONAL PHYSICIAN OR HEALTH CARE PROVIDER

---

---

---

---

Indicate any specific health needs

---

---

A detailed financial statement will be required prior to final approval of a Waiting List application.

A detailed financial and medical history will be required prior to final approval of a Ready List application.

**PREFERRED HOME (please select up to four floor plans if applying for the Ready List)****Villas**

MODEL	TYPE	SQUARE FEET (+/-)
<input type="checkbox"/> Albemarle	One bedroom with den	1,180
<input type="checkbox"/> Cumberland	Twin Master	1,502
<input type="checkbox"/> Brunswick	Two bedroom	1,566
<input type="checkbox"/> Davidson	Two bedroom with den	1,584
<input type="checkbox"/> Chatham	Two bedroom	1,656
<input type="checkbox"/> Manchester	Two bedroom	1,722
<input type="checkbox"/> Fairfax	Two bedroom	1,775
<input type="checkbox"/> Regent	Two bedroom with den	1,822
<input type="checkbox"/> Caldwell	Two bedroom	1,741
<input type="checkbox"/> Hanover	Two bedroom	1,898
<input type="checkbox"/> Madison	Two bedroom	2,011
<input type="checkbox"/> Montgomery	Two bedroom with den	2,213

**Apartments**

MODEL	TYPE	SQUARE FEET (+/-)
<input type="checkbox"/> Edgecombe	One bedroom	717
<input type="checkbox"/> Lenoir	One bedroom expanded	790
<input type="checkbox"/> Forsyth	One bedroom with den	1,007
<input type="checkbox"/> Iredell	Twin master	1,187
<input type="checkbox"/> Julian	Two bedroom with den	1,302
<input type="checkbox"/> Halifax	Two bedroom	1,312
<input type="checkbox"/> Kinston	Twin master with den	1,607
<input type="checkbox"/> Aspen	Two bedroom with den	1,909
<input type="checkbox"/> Laurel	Two bedroom with den	2,081
<input type="checkbox"/> Poplar	Two bedroom with den	2,118
<input type="checkbox"/> Redwood	Two bedroom with den	2,210

*The square footage listed is approximate. Due to additions and modifications, plans and square footage may have been altered. Villas may have added heated and cooled square footage.*

**NOTE:** Before Carolina Meadows executes a **Residence and Services Agreement**, applicant(s) will be required to submit current financial and health data demonstrating that they are financially, physically and mentally capable of living independently. Acceptance of this application is conditioned on the approval by Carolina Meadows after receipt of all application forms. Please sign below.

I hereby declare that all statements made herein are true and complete to the best of my knowledge.

Applicant 1 \_\_\_\_\_

Date \_\_\_\_\_

Applicant 2 \_\_\_\_\_

Date \_\_\_\_\_

Carolina Meadows, Inc.

Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE  
Sequence number  
(assigned)

\_\_\_\_\_

☐ Waiting List☐ Ready List

## Confidential Applicant Financial Statement

The following information is required to determine whether your personal financial profile is sufficient to provide funds to meet your needs while at Carolina Meadows. Additionally, this data enables Carolina Meadows to maintain an accurate actuarial base of it's residents to help assure financial stability. **Please print clearly.** If you are applying for the Ready List, your Carolina Meadows sales representative will provide you with a current list of approved supporting documentation that is required to process your application.

### Applicant 1

### Applicant 2

Applicant 1			Applicant 2		
LAST NAME, FIRST NAME, MIDDLE INITIAL			LAST NAME, FIRST NAME, MIDDLE INITIAL		
<input type="checkbox"/> Male	<input type="checkbox"/> Single	If married, in what state? _____	<input type="checkbox"/> Male	<input type="checkbox"/> Single	If married, in what state? _____
<input type="checkbox"/> Female	<input type="checkbox"/> Married	DOB _____	<input type="checkbox"/> Female	<input type="checkbox"/> Married	DOB _____

### A. ASSETS (before any equity payments)

Joint

Applicant 1

Applicant 2

#### 1. Cash or Equivalents: Checking, Savings, CDs, Money Market, etc.

\*Please list the name of the financial institution

A.	\$	\$	\$
B.	\$	\$	\$
C.	\$	\$	\$

#### 2. Non-Retirement Investments (current market value)

\*Please list the name of the financial institution

A.	\$	\$	\$
B.	\$	\$	\$
C.	\$	\$	\$

#### 3. Retirement Assets: IRA, Roth IRA, 401(k), 403(b), Annuities, etc. (current market value)

\*Please list the name of the financial institution

A.	\$	\$	\$
B.	\$	\$	\$
C.	\$	\$	\$

#### 4. Real Estate (please provide the address and estimated tax value)

A.	\$	\$	\$
Do you intend to sell upon entry? <input type="checkbox"/> Yes <input type="checkbox"/> No			
B.	\$	\$	\$
Do you intend to sell upon entry? <input type="checkbox"/> Yes <input type="checkbox"/> No			
C.	\$	\$	\$
Do you intend to sell upon entry? <input type="checkbox"/> Yes <input type="checkbox"/> No			

#### 5. Life Insurance Death Benefit (only if Applicant 1 or Applicant 2 are the beneficiaries)

A.	\$	\$	\$
B.	\$	\$	\$

### TOTAL ASSETS

\$	\$	\$
----	----	----

<b>B. LIABILITIES</b> <small>(only if you are carrying a balance)</small>	Joint	Applicant 1	Applicant 2
1. Real estate mortgage	\$	\$	\$
2. Credit cards/charge accounts	\$	\$	\$
3. Loans outstanding	\$	\$	\$
4. Taxes owed	\$	\$	\$
5. Other debts	\$	\$	\$
<b>TOTAL LIABILITIES</b>	\$	\$	\$
<b>NET WORTH (ASSETS MINUS LIABILITIES)</b>	\$	\$	\$

**C. In case of death of either applicant, what portion or percent of total assets passes from one to the other?**

			%	%	
D. MONTHLY INCOME (NET)	Applicant 1	Applicant 2	To Applicant 1 if Applicant 2 predeceases	To Applicant 2 if Applicant 1 predeceases	Estimated duration of income stream (life or # of yrs)
1. Social Security	\$	\$	\$	\$	
2. Pension	\$	\$	\$	\$	
3. Investments (excluding IRA)	\$	\$	\$	\$	
4. IRA, 401(k), 403(b), etc.	\$	\$	\$	\$	
5. Annuity	\$	\$	\$	\$	
6. Other income	\$	\$	\$	\$	
Please explain:					
Total monthly income (NET)	\$	\$	\$	\$	

**E. MONTHLY PERSONAL EXPENSES**

Using the worksheet found on the last page, please estimate your future expenses at Carolina Meadows, not including your Monthly Service Fee. The total figure from the worksheet should be entered on the following line:

<b>TOTAL ESTIMATED PERSONAL EXPENSES</b>	\$
--	----

F. LONG-TERM CARE INSURANCE

While Carolina Meadows encourages you to utilize long-term care insurance, it is not required as a condition of entry. If we approve your financial application based on the financial resources provided by your long-term care insurance provider, we will require you to maintain the coverage as long as you are living at Carolina Meadows.

Would you like to be qualified with or without your long-term care insurance? ☐ Yes ☐ No

	Applicant 1	Applicant 2
1. Name of insurance carrier		
2. Maximum lifetime benefits	\$	\$
3. Benefit period	years	years
4. Elimination period	days	days
5. Daily benefits for Home Care	\$	\$
6. Daily benefits in Assisted Living	\$	\$
7. Daily benefits in Nursing Facility	\$	\$
8. Do benefits increase with inflation?	yes   no	yes   no
9. Annual premium	\$	\$
10. Estimated annual inflation of premium	%	%

Acceptance of the application does not obligate Carolina Meadows to admit the applicant(s) into residency status. The decision to admit is made by Carolina Meadows at its sole discretion. The applicant(s) agree to such decision as binding and final in all respects.

I certify that the foregoing is a true statement of facts regarding my financial condition as known to me. I agree to provide any additional information that Carolina Meadows may reasonably require, now or in the future. I understand that if accepted for residency, I will not transfer nor reduce resources necessary to carry out my commitment. I understand that if any of the information contained in this application is materially inaccurate, my residency agreement may be subject to cancellation.

Signatures

Applicant 1	Date
Applicant 2	Date

PLEASE RETURN TO:

Sales & Marketing  
Carolina Meadows  
100 Carolina Meadows  
Chapel Hill, NC 27517

OFFICE USE	Proposed unit	Model	#
	Cost of unit	\$	
	Date of birth	#1	#2
	Sales Counselor		Date
	Reviewed by	Accepted / Declined	
	Notes		

## ESTIMATE YOUR FUTURE HOUSEHOLD EXPENSES LIVING AT CAROLINA MEADOWS

This worksheet is designed to guide you in estimating your monthly expenses **upon moving to Carolina Meadows**. The total amount at the bottom should be entered into section E.

### Potential household expenses

### Monthly amount

<b>1. Insurance</b> (CM REQUIRES MEDICARE A AND B)	
A. Health	\$
B. Medical deductibles, co-pays	\$
C. Auto	\$
D. Personal property (CM does not insure personal contents)	\$
E. Life	\$
<b>2. Groceries</b>	\$
<b>3. Dining and entertainment</b> (NOT INCLUDING MONTHLY MEAL MINIMUM)	\$
<b>4. Utilities</b> (CM PROVIDES WATER, SEWER, BASIC CABLE, INTERNET, TRASH AND RECYCLING)	
A. Telephone	\$
B. Electricity	\$
C. Expanded Cable	\$
D. Gas	\$
<b>5. Clothing and personal items</b>	\$
<b>6. Auto fuel and maintenance</b>	\$
<b>7. Travel and leisure</b>	\$
<b>8. Prescription medications</b>	\$
<b>9. Loan/debt payments</b>	\$
<b>10. Gifts and charitable giving</b>	\$
<b>11. Family support/alimony</b>	\$
<b>12. Other expenses</b>	
A. Books and subscriptions	\$
B. Computer/office supplies	\$
C. Pets	\$
D. Other	\$
<b>TOTAL ESTIMATED PERSONAL EXPENSES</b>	\$