CAROLINA MEADOWS

- [ ] 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 made payable to Carolina Meadows, Inc. 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

Applicant 2

LAST NAME, FIRST NAME, MIDDLE INITIAL

EMAIL ADDRESS

DATE OF BIRTH

CELL PHONE

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 (+/-)
☐	Albemarle	One bedroom with den	1,180
☐	Cumberland	Twin Master	1,502
☐	Brunswick	Two bedroom	1,566
☐	Davidson	Two bedroom with den	1,584
☐	Chatham	Two bedroom	1,656
☐	Manchester	Two bedroom	1,722
☐	Fairfax	Two bedroom	1,775
☐	Regent	Two bedroom with den	1,822
☐	Caldwell	Two bedroom	1,741
☐	Hanover	Two bedroom	1,898
☐	Madison	Two bedroom	2,011
☐	Montgomery	Two bedroom with den	2,213

Apartments

	MODEL	TYPE	SQUARE FEET (+/-)
☐	Edgecombe	One bedroom	717
☐	Lenoir	One bedroom expanded	790
☐	Forsyth	One bedroom with den	1,007
☐	Iredell	Twin master	1,187
☐	Julian	Two bedroom with den	1,302
☐	Halifax	Two bedroom	1,312
☐	Kinston	Twin master with den	1,607
☐	Aspen	Two bedroom with den	1,909
☐	Laurel	Two bedroom with den	2,081
☐	Poplar	Two bedroom with den	2,118
☐	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.

☐ Once a Waiting List member, please add me to the waiting list for Early Advantage.

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)

_____

CAROLINA MEADOWS

☐ 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 its 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

LAST NAME, FIRST NAME, MIDDLE INITIAL

☐ Male ☐ Single
☐ Female ☐ Married DOB _____

Applicant 2

LAST NAME, FIRST NAME, MIDDLE INITIAL

☐ Male ☐ Single
☐ Female ☐ 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.	$	$	$
D.	$	$	$
E.	$	$	$
2. Non-Retirement Investments (current market value) *Please list the name of the financial institution			
A.	$	$	$
B.	$	$	$
C.	$	$	$
D.	$	$	$
E.	$	$	$
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.	$	$	$
D.	$	$	$
E.	$	$	$
4. Real Estate (please provide the address and estimated tax value)			
A.	$	$	$
Do you intend to sell upon entry? ☐ Yes ☐ No			
B.	$	$	$
Do you intend to sell upon entry? ☐ Yes ☐ No			
TOTAL ASSETS	$ 0	$ 0	$ 0

B. LIABILITIES (only if you are carrying a balance)

	Joint	Applicant 1	Applicant 2
1. Real estate mortgage	$	$	$
2. Credit cards/charge accounts	$	$	$
3. Loans outstanding	$	$	$
4. Taxes owed	$	$	$
5. Other debts	$	$	$
TOTAL LIABILITIES	**$** 0	**$** 0	**$** 0
NET WORTH (ASSETS MINUS LIABILITIES)	**$**	**$**	**$**

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)	$ 0	$ 0	$ 0	$ 0	

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:

TOTAL ESTIMATED PERSONAL EXPENSES	$ 0

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? ☐ With ☐ Without

	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	%	%

G. Submission and acceptance of this application does not obligate Carolina Meadows to admit the applicant(s) into residency. The decision to admit rests solely with Carolina Meadows and will be made at its exclusive discretion. The applicant(s) agree that such decision shall be final and binding in all respects.

I certify that the foregoing represents a true and accurate statement of my financial condition to the best of my knowledge. I agree to provide any additional information that Carolina Meadows may reasonably request, now or in the future.

I certify that I do not have any outstanding legal or financial matters that could affect my ability to meet current or future financial obligations of residency at Carolina Meadows.

I further understand that, if accepted for residency, I will not transfer or diminish resources necessary to fulfill my financial commitments. I acknowledge that if any information provided in this application is found to be 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
1. Insurance (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	$
2. Groceries	$
3. Dining and entertainment (NOT INCLUDING MONTHLY MEAL MINIMUM)	$
4. Utilities (CM PROVIDES WATER, SEWER, BASIC CABLE, INTERNET, TRASH AND RECYCLING)	
A. Telephone	$
B. Electricity	$
C. Expanded Cable	$
D. Gas	$
5. Clothing and personal items	$
6. Auto fuel and maintenance	$
7. Travel and leisure	$
8. Prescription medications	$
9. Loan/debt payments	$
10. Gifts and charitable giving	$
11. Family support/alimony	$
12. Other expenses	
A. Books and subscriptions	$
B. Computer/office supplies	$
C. Pets	$
D. Companion and/or Home Care Services	$
E. Other	$
TOTAL ESTIMATED PERSONAL EXPENSES	**$** 0