



Application for residency

I/we hereby apply for residency at Carolina Meadows with the following understandings:

- I/we will pay a non-refundable application fee of \$300.00
- Final approval of the application will be contingent upon review and acceptance of a separate financial statement and medical history, to be furnished by the applicant(s) on Carolina Meadows' forms.

PLEASE PRINT ALL INFORMATION

STREET ADDRESS

CITY

STATE

ZIP

PHONE

Applicant 1

Applicant 2

PERSONAL DATA

LAST NAME, FIRST NAME, MIDDLE INITIAL

LAST NAME, FIRST NAME, MIDDLE INITIAL

EMAIL ADDRESS

EMAIL ADDRESS

DATE OF BIRTH

DATE OF BIRTH

NUMBER OF DEPENDENTS

AGES

NUMBER OF DEPENDENTS

AGES

EDUCATIONAL BACKGROUND

PLEASE NOTE NAME OF SCHOOL, DEGREES OR DIPLOMAS AND MAJOR FIELD(S) OF STUDY.

VOCATION OR PROFESSION

NOTE MAJOR VOCATIONS OR OCCUPATIONS.

HOBBIES OR SPECIAL INTERESTS

Applicant 1

Applicant 2

HEALTH INFORMATION

NAME AND ADDRESS OF PERSONAL PHYSICIAN OR HEALTH PROVIDER

Medical insurance coverage

POLICY NUMBER

POLICY NUMBER

COMPANY

COVERAGE TYPE

COMPANY

COVERAGE TYPE

Long-term care insurance coverage

Do you have this type of coverage? Yes (If yes, please fill in blanks below.) No

POLICY NUMBER

COMPANY

POLICY NUMBER

COMPANY

DAILY BENEFIT

DURATION

DAILY BENEFIT

DURATION

Indicate any specific health needs

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

PREFERRED HOME

Villas

MODEL	TYPE	SQUARE FEET
<input type="checkbox"/> Albemarle	One bedroom with den	1,444
<input type="checkbox"/> Cumberland	Twin master	1,766
<input type="checkbox"/> Brunswick	Two bedroom	1,830
<input type="checkbox"/> Davidson	Two bedroom with den	1,848
<input type="checkbox"/> Chatham	Two bedroom	1,968
<input type="checkbox"/> Manchester	Two bedroom	2,047
<input type="checkbox"/> Fairfax	Two bedroom	2,087
<input type="checkbox"/> Regent	Two bedroom with den	2,110
<input type="checkbox"/> Caldwell	Two bedroom	2,281
<input type="checkbox"/> Hanover	Two bedroom	2,438
<input type="checkbox"/> Madison	Two bedroom	2,517
<input type="checkbox"/> Montgomery	Two bedroom with den	2,797

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	Twin master with den	1,302
<input type="checkbox"/> Halifax	Two bedroom	1,312
<input type="checkbox"/> Kinston	Twin master with den	1,607

NOTE: Before Carolina Meadows executes a **Residency and Care 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 _____

For Carolina Meadows _____

Date _____

OFFICE USE
Sequence number (assigned)
