Application for residency

St. Paul’s Villa is an Assisted Living and Memory Care Community of

328 Maple Street
San Diego, CA 92103
(619) 239-6900
1. St. Paul’s Senior Service is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of sex, race, color, religion, national origin, marital status, registered domestic partner status, ancestry, actual or perceived sexual orientation, or actual or perceived gender identity.

2. In order to qualify for admission to one of St. Paul’s Senior Services retirement communities, applicants must be:
   a. 60 years of age or over at the time of admission.
   b. In satisfactory physical health as determined by their personal doctor and the examining health care professional at St. Paul’s Villa that allows safe living at St. Paul’s Villa, as it is not a 24-hour skilled nursing community.
   c. Able to live harmoniously with other residents.

3. In the case of married couples, one partner must be sixty years of age or older.

4. Applications are generally acted on in the order of receipt of deposit and application, and on the availability of the requested unit.

5. If an applicant is offered admission to accommodations of the class desired as indicated by the application and declines them, he or she may be reclassified as to priority.

6. At St. Paul’s Senior Services, residents become part of an extended family. It is necessary, therefore, to be able to establish amicable relationships and to be congenial with one another.

7. A $1,000 community fee is payable upon move-in.

8. St. Paul’s Senior Services Board of Directors retains the right to make deviations from the above policy on a case-by-case basis.
APPLICATION FOR ADMISSION

Section 1
Date: ___________  Name: __________________________
Address: __________________________________________
City/State/Zip: ______________________________________
Telephone: ___________________  Birth Date: ______________
Social Security #: _______________  Medicare #: _______________
Medicare Insurance Carrier: _______________  Religion: _______________
Physician Name: _______________  Physician Phone: _______________
Address: ________________________  City/State/Zip: _______________

Section 2
Have you had any recent serious illnesses or surgeries? ___________ If so, what? ___________

Would you describe your general health as: Excellent  Good  Fair  Poor

Are you dependent upon any mechanical aids (i.e., cane or walker)? _______________________

Do you require a special diet? _______________ If so, specify: ________________________________

Any contagious or infectious diseases? _____________ If so, specify: _______________________

Do you require regular use of medications (including non-prescriptions)?  Yes  No

Please specify: _______________________________________________________________________

Are you able to live independently and without assistance? ________________________________
APPLICATION FOR ADMISSION

Section 3

Emergency Contact Information

1/Name: ___________________________ Relationship: ___________________________
Address: ___________________________ Work Phone: ___________________________
City, State: ___________________________ Home Phone: ___________________________

2/Name: ___________________________ Relationship: ___________________________
Address: ___________________________ Work Phone: ___________________________
City, State: ___________________________ Home Phone: ___________________________

Section 4

How did you first learn about St. Paul’s Senior Services? (check all that apply)

☐ Newspaper/Advertisement (please specify): ______________________________________
☐ Yellow Pages
☐ Church:
☐ Physician (name): _____________________________________________________________
☐ Current Resident: _____________________________________________________________
☐ Family Member (name/relationship): _____________________________________________
☐ Friend: ______________________________________________________________________
☐ Other: ______________________________________________________________________

What are the major factors in your decision to choose our retirement community?
(Please number from 1 through 6 starting with 1 being the most important)

___ Location  ___ Friend in residence  ___ Atmosphere
___ Levels of care  ___ Cost  ___ Services

Which particular unit are you interested in? ___________________________________________
When would you like to begin residency? ___________________________________________
Financial Disclosure to St. Paul’s Senior Services

St. Paul’s Senior Services (St. Paul’s) respects the privacy of every applicant and does not desire to intrude into any applicant’s personal financial circumstances other than to have assurance that the necessary amounts needed to provide for the applicant’s extended lodging, food, health care and personal needs are available to the potential resident.

The applicant and/or responsible party understands that St. Paul’s will rely on the financial information regarding the applicant’s assets, liabilities, income and expenses in making its determination as to whether the applicant will be admitted to St. Paul’s facilities and that St. Paul’s would not admit the resident to the facilities but for the accuracy and truthfulness of such information. The applicant and/or responsible party understands that the resident may be discharged by St. Paul’s if it discovers that any such information has been misrepresented or omitted by the resident/responsible party, regardless of whether such misrepresentations or omission could have been discovered earlier by St. Paul’s.

### Financial Statement

Applicant Name: ___________________________   Social Security #: ___________________

<table>
<thead>
<tr>
<th>Monthly Income:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security</td>
<td>$__________</td>
</tr>
<tr>
<td>Pensions</td>
<td>$__________</td>
</tr>
<tr>
<td>Interest Income</td>
<td>$__________</td>
</tr>
<tr>
<td>Annuity (lifetime_____ or years ending_____)</td>
<td>$__________</td>
</tr>
<tr>
<td>Trust (Name_____________________)</td>
<td>$__________</td>
</tr>
<tr>
<td>Family Support</td>
<td>$__________</td>
</tr>
<tr>
<td>VA Aid &amp; Attendance</td>
<td>$__________</td>
</tr>
<tr>
<td>Long Term Care Policy (lifetime____ or cap____)</td>
<td>$__________</td>
</tr>
<tr>
<td>Other: __________</td>
<td>$__________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly Expenses:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance</td>
<td>$__________</td>
</tr>
<tr>
<td>Prescriptions, medical expenses</td>
<td>$__________</td>
</tr>
<tr>
<td>Living expenses</td>
<td>$__________</td>
</tr>
<tr>
<td>Auto/mortgage/rent (continuing)</td>
<td>$__________</td>
</tr>
<tr>
<td>Other: __________</td>
<td>$__________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Assets:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking Account</td>
<td>$__________</td>
</tr>
<tr>
<td>Savings Account</td>
<td>$__________</td>
</tr>
<tr>
<td>Stocks/Bonds (currently accessible?)</td>
<td>$__________</td>
</tr>
<tr>
<td>Trust (Name______________________)</td>
<td>$__________</td>
</tr>
<tr>
<td>401K (penalty for withdraw?)</td>
<td>$__________</td>
</tr>
<tr>
<td>Real Estate – residence</td>
<td>$__________</td>
</tr>
<tr>
<td>other (vacation/rental)</td>
<td>$__________</td>
</tr>
<tr>
<td>Other:_____________________</td>
<td>$__________</td>
</tr>
</tbody>
</table>

I DECLARE UNDER PENALTY OF PERJURY that the foregoing financial information is a true statement of facts known by me, and that it is submitted as part of an application for residency at St. Paul’s facilities. I also declare that all of the above assets are available to the Applicant to provide for the future needs of the Applicant, and that none of the assets will be transferred to another individual or individuals to avoid liability for those needs.

_____________________________  ___________________________  OR  ________________________________  ___________________________
Date                  Applicant for Residency                   Date                  Financially Responsible Party