

# THE VILLA ON BANKERS HILL

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San Diego, CA 92101

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[StPaulsSeniors.org](http://StPaulsSeniors.org)

Lic#370804823

## **Application for Residency**

St. Paul's Villa is a proud member of the St. Paul's Senior Services Family. Established in 1960.

## **ADMISSION STANDARDS**

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 the admission to one of St. Paul's Senior Services retirement communities, applicants must be:
  - a. Sixty (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 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 (60) years of age or older
4. Applications are generally acted on in the order of receipt of application and the Physician's Report, 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 each other.
7. A \$1,000 community fee is payable upon move-in or with approved application.
8. St. Paul's Senior Services Board of Directors retains the right to make deviations for the above policy on a case-by-case basis.

## **Resident Application**

### **Future Resident:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorce

Resident Phone Number: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Are you a Veteran: ☐ Yes ☐ No If yes, in what branch did you serve: \_\_\_\_\_

Prior Living Situation: ☐ Live Alone ☐ Live With Family ☐ Assisted Living

Last Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

HMO/INS. Name: \_\_\_\_\_ Number: \_\_\_\_\_

### **Physician Info:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### **Emergency Hospital Plan**

Name of Preferred Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

**Emergency Contacts:**

In the space provided below, please designate, by priority, your surrogate decision maker(s) in the event you are unable to make decisions on your own behalf:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check all apply:

☐ Medical POA    ☐ Financial POA    ☐ Next of Kin    ☐ Emergency Contact

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check all apply:

☐ Medical POA    ☐ Financial POA    ☐ Next of Kin    ☐ Emergency Contact

**Local Emergency Contact (if different from above)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Mortuary:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Financial Disclosure to St. Paul's Senior Services**

St. Paul's Senior Services 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 need to provide for the applicant's extended lodging, food, health care and person 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 facility 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.

Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Monthly Income:**

Social Security	\$ _____
Pensions	\$ _____
401K/IRA/Interest Income	\$ _____
VA Aid & Attendance	\$ _____
Rental Income	\$ _____
Other Income	\$ _____
Monthly Trust Payments	\$ _____
(Name of Trust: _____)	
Family Support	\$ _____
Long Term Care Policy (Monthly Payment)	\$ _____

**TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_

**Ongoing Monthly Expenses:**

Health Insurance	\$ _____
Prescriptions, Medical Expenses	\$ _____
Auto/Mortgage (continuing)	\$ _____
Other Expenses	\$ _____

**Assets:**

Checking Account	\$ _____
Savings Account	\$ _____
Investments/Trusts/401K	\$ _____
Estimated Real Estate <b>Equity</b>	\$ _____

I DECLARE UNDER PENALTY OF PERJURY that the foregoing financial information is a true statement of the fact known by me, and that it is submitted as part of an application for residency at a St. Paul's Facility. 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	Signature of Applicant for Residency	Signature of Financially Responsible Party