

St. Luke's Village (SLV) Residency Application

A non-refundable processing fee of \$25 made payable to St. Luke's Village is to accompany this application

Please return to:

St. Luke's Village
P.O. Box 645
Peapack, NJ 07977

IMPORTANT NOTICE: Do not complete and sign until you have read the property description on the medical information application to be completed by your physician. Your signature on this form means that you have done so. Please complete each question as fully and accurately as possible as these questions are intended to determine eligibility for residency as quickly as possible and to expedite the interview process. As of April, 2014, St. Luke's Village applicants must agree to a non-smoking requirement.

Name, birth date, and social security number, if any, of each proposed occupant:

Name	Birth Date	Social Security No.
_____	_____	_____
_____	_____	_____

Address and telephone number (where we can contact you by mail, phone or email):

Email _____

Home: (_____)_____-_____ Cell: (_____)_____-_____ Work: (_____)_____-_____

Approximately how much notice would you need to arrange your affairs, terminate leases, etc., prior to starting occupancy in SLV, if you were offered residency?

Explain relationship of persons listed above to each other:

The following certificate is to be signed by each prospective occupant, and any person assisting in the completion of this application:

I have read the property description on the medical information application. The answers given in this application are truthful and complete to the best of my recollection and ability. I understand that if it appears that I am eligible for residency, I will be required to:

1. Attend an interview with my sponsor and produce copies of tax returns, social security information, pension and other income checks, bankbooks, and any other financial information needed to process the application
2. Give details of my health and personal habits
3. Provide medical information and a statement from my doctor

Signature of each applicant:

Date: _____

Name, address, telephone number and relationship of anyone assisting in completing this form.

Relationship: _____

Phone: (_____) _____ - _____

AUTHORIZATION TO DISCLOSE INFORMATION

To whom it may concern,

Date: _____

I am applying for residency at St. Luke's Village (SLV), Gladstone, New Jersey. In connection with the application, SLV wishes to verify statements made by me in my application. Therefore, I authorize SLV to make inquiry of any social agency, doctor, bank, police department, employer, credit agency, or religious leader to discuss any statements I have made in this application. I authorize any of the above to release any information requested by SLV or to discuss same with a representative of SLV, and I release any such person from any liability for discussing this information. A Photographic copy of this signed Authorization shall be equally valid as the original.

Signature of each prospective occupant:

Date: _____

Date: _____

When completing these questions, you may attach additional paperwork if needed. Please make sure to put your name on any additional paperwork.

1. What is your current address for voting purposes?

2. Do you have a driver's license? Yes _____ No _____

If so, please list number, state issued and license address if different than your current address.

Lic.# _____ State Issued: _____

3. Do you own a car? Yes _____ No _____

If yes, year _____, make/model _____, plate no _____

If admitted to SLV, do you plan on keeping your car? Yes _____ No _____

(This answer is not a commitment on your part; we would like an answer for parking and transportation discussions.)

4. On the following page, please list of your total income for current year from any source, including but not limited to:

Income Information:

Applicant Name: _____ Joint Applicant Name: _____

_____	wages	_____
_____	salaries	_____
_____	commissions	_____
_____	pensions (public, private, contributory or non-contributory)	_____
_____	rental income	_____
_____	interest	_____
_____	dividends	_____
_____	earnings from savings banks or savings and loan institutions	_____
_____	social security	_____
_____	annuities	_____
_____	unemployment	_____
_____	disability benefits	_____
\$ _____	CURRENT TOTAL	\$ _____

You need not include gifts, inheritances, insurance lump-sum settlements, capital gains, settlement of personal injury or property loss claims, proceeds on the sale of your home or the value of food stamps over their cost to you as income.

What do you estimate the total income as defined above will be next year?

\$ _____	ESTIMATED TOTAL FOR NEXT YEAR	\$ _____
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5. What is total present value of all assets owned by the applicant (s) not included in Item 8 above. Include home equity or other real estate, capital investments such as stocks, bonds, and bank accounts. Do not include household furniture, equipment or automobile. You may list below or attach a separate list if needed.

Value:

_____	_____
_____	_____
_____	_____
_____	_____
Total	\$ _____

6. Credit references:

Applicant Name: _____

Checking Account No. _____	Bank _____
Savings Account No. _____	Bank _____
Outstanding Loan _____	Lender _____
(customer service contact number) _____	

Joint Applicant Name: _____

Checking Account No. _____	Bank _____
Savings Account No. _____	Bank _____
Outstanding Loan _____	Lender _____
(customer service contact number) _____	

7. Vocation:

Applicant

Joint Applicant

Presently employed as _____	_____
Retired from _____	_____
How long employed _____	_____

8. Information concerning Professional, Service and Social activities:

Professional organizations _____	_____
Hobby group / Interests _____	_____
Service clubs _____	_____
Volunteer work _____	_____

9. Responsibility references: Please give the name, address and telephone number of two people who will attest that applicant (s) will act in a responsible manner with proper regard for the property, security and well-being of others. Also, please provide at least one letter of recommendation (it need not be from the references below).

Applicant name: _____

Address: _____

Reference name _____

Home phone _____

Cell Phone _____

Relationship _____

Address: _____

Reference name _____

Home phone _____

Cell Phone _____

Relationship _____

Joint applicant name: _____ (only if above references do not apply)

Address: _____

Reference name _____

Home phone _____

Cell Phone _____

Relationship _____

Address: _____

Reference name _____

Home phone _____

Cell Phone _____

Relationship _____

10. Health and medical information: Please note any unusual health or physical condition, including regular use of wheelchair or walker (this is not a disqualification) and name your general physician.

Applicant name: _____

Condition _____

Address: _____

Physician name _____

Phone _____

Joint applicant name: _____

Condition _____

Physician name _____ Address: _____
Phone _____

11. If different than the references listed in #9 above, please give a sponsor (s) to be contacted in the event of a medical or financial need (cannot be joint applicant). If same as sponsors in #9 above, state "same"

Sponsor name _____ Address: _____
Home phone _____
Cell Phone _____
Relationship _____

Sponsor name _____ Address: _____
Home phone _____
Cell Phone _____
Relationship _____

Joint Applicant Name: _____ (only if above sponsors do not apply)

Sponsor name _____ Address: _____
Home phone _____
Cell Phone _____
Relationship _____

Sponsor name _____ Address: _____
Home phone _____
Cell Phone _____
Relationship _____

12. When would it be convenient for you to be interviewed for admittance to St. Luke's Village?
Interviews are generally in the evenings. Indicate day priority with a (1) (2) (3):

7:00 PM - 8:00 PM

Mon_____ Tues _____ Wed _____ Thurs _____

13. Please provide a statement describing the reasons you want or need to be admitted to SLV. If you have not already done so, please be certain that you have clearly stated what present or former residency status you or your family have with Peapack/Gladstone or St. Luke's Church.

MEDICAL INFORMATION FOR APPLICATION - To be supplied by Applicant
(if for two applicants, please print a second copy of these pages and complete)

Date _____

Name _____ Age _____

Address _____

Phone _____

Please list any current medical conditions (Diagnoses) _____

Please list current treatments and medications _____

Please list any special dietary needs _____

Please list any major surgical procedures during your lifetime and. the approximate year _____

Please list any illnesses within the past five years (other than common cold, flu) _____

MEDICAL INFORMATION FOR APPLICATION (continued)

How would you describe your:	Good	Fair	Poor
Vision	_____	_____	_____
Hearing	_____	_____	_____
Ambulation	_____	_____	_____
Communication	_____	_____	_____

Do you use any assistive devices? (wheelchair, cane, walker, etc.) Explain _____

	Without help	With some help	Unable to do so
Can you use the telephone?	_____	_____	_____
Can you shop for groceries or clothes?	_____	_____	_____
Can you prepare your own meals?	_____	_____	_____
Can you do your own housework?	_____	_____	_____
Can you take your own medication?	_____	_____	_____
Can you handle your own finances?	_____	_____	_____
Can you walk independently?	_____	_____	_____
Can you get in and out of bed?	_____	_____	_____
Can you take a bath or shower?	_____	_____	_____
Can you get to the bathroom on time?	_____	_____	_____

In general, is there someone who helps you with such things as shopping, housework, bathing, dressing, and getting around? Yes _____ No _____

If yes, who is your primary helper _____

Relationship _____

If different than your sponsor, please provide helper's phone number _____

Who would be your secondary helper _____

Relationship _____

If different than your sponsor, please provide helper's phone number _____