



BROOKS-HOWELL

A retirement community that is called, served, and serving still

APPLICATION FOR INDEPENDENT LIVING RESIDENCY

(Please print)

Date of Application: _____ Applicant legal name: _____

If applying as a couple, each individual must complete a separate application.

Medical History:

Applicants considering independent living residency will provide United Methodist Women with a report completed by their personal physician. Such report shall include a statement by the physician that the applicant is able to live independently and undertake ongoing activities of daily living.

Demographics

Applicant legal name: _____

Address: _____

Telephone Number: (H) _____ (C) _____

Social Security: _____ Gender: Male | Female

Email Address: _____

Date of Birth: _____ Place of Birth: _____ U.S. Citizen? Yes or No

Marital Status: Single | Widowed | Divorced | Married (Please include name of spouse below.)

Spouse Name: _____ ** (Spouse will need to complete own application for consideration.) **

Current/Previous Occupation: _____

Name of Church: _____ Phone Number: _____

Church Conference: (Mission personnel) _____ Date entered conference: _____

Preferred Funeral Home: _____ Phone Number: _____

Served in Military: Yes | No Branch: _____ Rank: _____ Service Dates: _____

Tobacco Use: No | Yes – If yes, Brooks-Howell is a Tobacco-Free / Smoke-Free Community and does not permit smoking/tobacco use on the campus.

Do you have any pets? No | Yes – if yes, additional information, restrictions, and fees may apply.

INSURANCE INFORMATION

Medicare # _____ Coverage: Part A Part B (provide copy of card)

Medicare Supplemental: _____ Member ID #: _____
(provide copy of card)

Medicare Part D (Drug Coverage): _____ Member ID #: _____
(provide copy of card)

Connecticut General: _____ Collins Plan: _____

Long Term Care Insurance: _____ Member ID #: _____

Life Insurance Company: _____ Value: _____
 Life Insurance Company: _____ Value: _____
 Accident Insurance: _____ Value: _____

Annual Income Breakdown:

Total Annual Income: \$ _____ (Please provide last filed income tax.)

\$ _____	Social Security	\$ _____	Pension Women's Division
\$ _____	Annuities	\$ _____	Other Pension
\$ _____	Dividends	\$ _____	Interest
\$ _____	Rental Income	\$ _____	Other*

Contacts:

Primary Contact

Name: _____
 Relationship: _____
 Home Phone: _____
 Cell Phone: _____
 Work: _____
 Email: _____

Secondary Contact

Name: _____
 Relationship: _____
 Home Phone: _____
 Cell Phone: _____
 Work: _____
 Email: _____

Attestation Statement:

I certify that the information I have provided is accurate and complete. I understand that this information will be maintained in confidence and only used to determine eligibility for residency at Brooks-Howell of United Methodist Women.

 Signature of Applicant

 Date

*Send completed application to:
Shelia Owens, Admissions Coordinator
 Telephone: 828-348-7270
 266 Merrimon Avenue
 Asheville, NC 28801

Fax: 828-367-7978
 Email: sowens@brookshowell.org

