



The following information is required to determine eligibility for acceptance to Searstone Retirement Community ("Searstone").

PART I: FINANCIAL REVIEW. Information is required to determine whether your personal financial profile is sufficient to provide funds to meet your needs while at Searstone. Additionally, this data enables Searstone to maintain an accurate actuarial base of its residents to help assure financial stability.

PART II: PERSONAL HEALTH DISCLOSURE. As part of the acceptance process to become a resident member of Searstone, all applicants must be able to demonstrate that they are able to live successfully in our Independent Living areas. By answering the questions below, you will self-disclose personal health and wellness aspects of your current living patterns, to give us a preliminary review of your current state of health and wellness.

PART I: FINANCIAL REVIEW (Please print clearly)

Applicant 1

Last Name, First Name, Middle Initial
Date of Birth ___ / ___ / _____
 Single Married Widowed

Applicant 2

Last Name, First Name, Middle Initial
Date of Birth ___ / ___ / _____
 Single Married Widowed

Assets, Savings, and Investments	Applicant 1 (or joint accounts)	Applicant 2
<i>In the case of a couple, enter combined amounts for each category except tax-deferred retirement</i>		
Net Equity in primary residence	\$	\$
Taxable Cash Savings	\$	\$
Taxable Investments	\$	\$
Tax-Deferred Retirement Accounts	\$	\$
Tax-Deferred Annuities	\$	\$
Roth IRAs	\$	\$
Tax-Free Bonds	\$	\$
TOTAL ASSETS	\$	\$

Monthly Income	Applicant 1	Applicant 2
Monthly Social Security Benefit	\$	\$
Monthly Pension Benefit	\$	\$
Survivor Benefit %	\$	\$
Monthly Fixed-Annuity Benefit	\$	\$
Survivor Benefit %	\$	\$
Other Monthly Income	\$	\$
TOTAL INCOME	\$	\$



PART II: PERSONAL HEALTH DISCLOSURE—APPLICANT 1

Question	Response
1. Long-Term Care Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you able to independently egress out of a residence during an emergency evacuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been denied admission to any other retirement or senior community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you able to independently manage and administer your own medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you able to independently identify and respond to emergency alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you able to independently provide your own hygiene care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you independently capable of maintaining a clean and safe residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you cognitively able to call for help via telephone in case of an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you have an existing diagnosis of Parkinson's, Alzheimer's or related dementias, Multiple Sclerosis or similar progressive diseases that may prohibit you from living independently at Searstone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you have any history of behavior(s) that might adversely affect the health, safety or welfare of yourself or others, or Searstone property or property of others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you able to transfer independently to and from a toilet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are you able to independently dress and undress yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are you able to independently eat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are you able to independently bathe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Do you need any type of daily assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are you able to independently control and maintain continence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Do you currently have any legal or civil charges pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Have you ever been evicted from a residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are you of sound mind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Do you currently receive assistance in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No



PART II: PERSONAL HEALTH DISCLOSURE—APPLICANT 2

Question	Response
1. Long-Term Care Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you able to independently egress out of a residence during an emergency evacuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been denied admission to any other retirement or senior community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you able to independently manage and administer your own medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you able to independently identify and respond to emergency alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you able to independently provide your own hygiene care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you independently capable of maintaining a clean and safe residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you cognitively able to call for help via telephone in case of an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you have an existing diagnosis of Parkinson's, Alzheimer's or related dementias, Multiple Sclerosis or similar progressive diseases that may prohibit you from living independently at Searstone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you have any history of behavior(s) that might adversely affect the health, safety or welfare of yourself or others, or Searstone property or property of others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you able to transfer independently to and from a toilet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are you able to independently dress and undress yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are you able to independently eat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are you able to independently bathe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Do you need any type of daily assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are you able to independently control and maintain continence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Do you currently have any legal or civil charges pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Have you ever been evicted from a residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are you of sound mind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Do you currently receive assistance in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No



SIGNATURES:

Acceptance of the application does not obligate Searstone to admit the applicant(s) into residency status. The decision to admit or not admit is made by Searstone at its sole discretion. The applicant(s) agree to such decision as binding and final in all respects.

The applicant(s) below certifies that the foregoing is a true statement of facts regarding his/her financial condition and personal health status. The applicant(s) agrees to provide any additional information that Searstone may reasonably require. The applicant(s) understands that if any of the information contained in this application is materially inaccurate, the application may be subject to cancellation.

APPLICANT 1:

DATE:

APPLICANT 2:

DATE:

*Please return to:
Sales & Marketing Department
Searstone
17001 Searstone Drive, Cary, NC 27513*