

Meadows



Mennonite Retirement Community

24588 Church Street, Chenoa, IL. 61726

309-747-2702

APPLICATION FOR BURT VILLAGE AND THE COURTS

I. General Information

Name _____
Last First Middle

Birthdate ___/___/___ Social Security# ___-___-___

Spouse _____
Last First Middle

Birthdate ___/___/___ Social Security# ___-___-___

Address _____
Street City State Zip Code

Telephone

Home (____) _____ Work (____) _____ Cell (____) _____

Church Affiliation _____

Activities and Interests _____

II. Health Information

Please describe your present physical condition, listing any serious illnesses, chronic physical problems or recent illness:

Applicant

Spouse

Physician's Name _____ Telephone # (____) _____

Address _____
Street City State Zip Code

III. Financial Information

Annual Household Income

____ Less than \$15,000 ____ \$15,000 - 20,000 ____ \$20,000 - \$25,000

____ \$25,000 - 30,000 ____ \$30,000 - OVER

Assets / Real Estate

Checking _____ Savings _____

CD/Money Market _____ Stocks/Bonds _____

Annuities _____ IRA _____

Other _____

Do you own your own home? _____ yes _____ no

If yes, how long have you owned it? _____ Approximate Value _____

Outstanding mortgage

Other real estate owned and approximate value _____

Any other asset(s) or sources of income _____

IV. Contact Information

1ST Contact:

Name _____ Relationship _____
Last First

Address _____
Street City State Zip Code

Telephone #

Home (____) _____ Work (____) _____ Cell (____) _____

2nd Contact:

Name _____ Relationship _____
Last First

Address _____
Street City State Zip Code

Telephone #

Home (____) _____ Work (____) _____ Cell (____) _____

V. Meadows Mennonite Retirement Community admits people without regard to race, color, or national origin.

VI. Applicant's Agreement and Signature

This application is not binding upon the applicant or Meadows Mennonite Retirement Community. It simply indicates the applicant's interest in becoming a resident and provides general information. No application fee is charged.

I understand it is to be treated as confidential and is to be used by the Board of Directors and Administration in determining my eligibility for residence in Meadows Mennonite Retirement Community.

Applicant (s) Signature _____ Date _____

_____ Date _____

Please bring in the following for duplication or attach a copy.

- 1.) Medicare Card**
- 2.) Social Security Card**
- 3.) Other Health Insurance Cards**
- 4.) Living Will/Power of Attorney for Health Care and POA for Property**
- 5.) Guardianship, Conservatorship, or Bank Trust Correspondents.**

