

# **APPLICATION FOR RESIDENCY**

to

# **Terrace Place at Vincentian**



Operated by Vincentian Regency  
Ministry of the Vincentian Collaborative System

**APPLICATION  
GENERAL INFORMATION**

Please type or print

1. Name in full \_\_\_\_\_  
Spouse or co-occupant \_\_\_\_\_
2. Address \_\_\_\_\_
3. Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Spouse / Co-occupant Date of Birth \_\_\_\_\_
4. Presently Residing \_\_\_\_\_ In own home \_\_\_\_\_ In an apartment \_\_\_\_\_ With friends or relatives \_\_\_\_\_  
Hospital \_\_\_\_\_ Nursing Home \_\_\_\_\_ Other \_\_\_\_\_
5. Social Security No. \_\_\_\_\_ Medicare No. \_\_\_\_\_  
Spouse/Co-occupant SS No. \_\_\_\_\_ Medicare No. \_\_\_\_\_
6. Hospitalization \_\_\_\_\_ Group No. \_\_\_\_\_ Agreement No. \_\_\_\_\_

**PLEASE INCLUDE A COPY OF YOUR INSURANCE CARDS AND SOCIAL SECURITY CARD WITH THIS APPLICATION**

7. Marital Status: Single \_\_\_ Married \_\_\_ Widow \_\_\_ Widower \_\_\_ Divorced \_\_\_
8. Name and residence of children, relatives, responsible party, power of attorney, executor of will to be contacted in an emergency:

	NAME	RELATIONSHIP	ADDRESS	TELEPHONE
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

9. Will you bring a car? YES \_\_\_ NO \_\_\_ If yes, how many? \_\_\_\_\_
10. Will you bring a pet? YES \_\_\_ NO \_\_\_ If yes, what kind? \_\_\_\_\_

***NOTE: There is a one-time pet fee of \$250 due at move-in***

11. Do you smoke? YES \_\_\_ NO \_\_\_  
TERRACE PLACE is a smoke-free community.

I understand that this application does not obligate me to enter TERRACE PLACE, if accepted, nor does it obligate TERRACE PLACE to accept me.

**Please mail your completed application to:  
Terrace Place Sales and Reservation Office  
8250 Babcock Blvd  
Pittsburgh, PA 15237**

## FINANCIAL REPORT – ASSETS

**PLEASE PROVIDE COPIES OF STATEMENTS FOR ALL FUNDS LISTED**

Statements should include: name of financial institution where account is held, owner of account by name, description of the type of account, value of the asset, maturity date (when applicable), and all other relevant information. Statement should be the most current available.

NAME \_\_\_\_\_

ASSETS	ADDITIONAL INFORMATION	VALUES
Real Estate	Jointly owned      YES/NO	\$
Real Estate		
Checking (primary)	Institution	
Checking (secondary)	Institution	
Saving	Institution	
CD	Institution	
CD	Institution	
CD	Institution	
CD	Institution	
Long-term Care Insurance	Total Value of Policy	
Stocks		
Stocks		
Stocks		
Bonds		
Annuity		
Other Assets	Description	
<b>TOTAL ASSETS</b>		
Life Insurance	Beneficiary:	
Life Insurance	Beneficiary	

**FINANCIAL REPORT – MONTHLY INCOME/LIABILITIES**

NAME \_\_\_\_\_

<b>INCOME</b>	<b>MONTHLY</b>
Are you currently working? YES / NO	N/A
Estimated Retirement Date?	
Income from employment (if currently employed)	\$
Social Security (first person)	\$
Social Security (second person)	\$
Pension (first person)	\$
Pension (second person)	\$
Interest	\$
Dividends	\$
Other	\$
<b>TOTAL</b>	<b>\$</b>

<b>LIABILITIES</b>	<b>TOTAL</b>
Loan	\$
Mortgages	\$
Credit Card Debt	\$
Taxes	\$
Other	\$
<b>TOTAL</b>	<b>\$</b>
Gifts given in to others in last 5 years	\$
Other	\$

Do you have a prenuptial agreement?	YES	NO
Do you have an irrevocable burial trust?	YES	NO
Is anyone other than you responsible for your financial information? If so, who?	YES	NO

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

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

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**I AUTHORIZE TERRACE PLACE TO CONTACT THE FINANCIAL INSTITUTIONS IDENTIFIED ON THIS APPLICATION TO OBTAIN INFORMATION REGARDING MY ASSETS AND INCOME, AND I HEREBY AUTHORIZE THE FINANCIAL INSTITUTIONS TO RELEASE ANY INFORMATION TO TERRACE PLACE.**

**THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT PROVIDING FALSE INFORMATION MAY RESULT IN THE DENIAL OF MY APPLICATION AND/OR THE TERMINATION OF THE RESIDENCE AND CARE AGREEMENT AFTER ADMISSION TO TERRACE PLACE.**

**DATE** \_\_\_\_\_

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**SIGNATURE** OF APPLICANT / REPRESENTATIVE

**Please include a non-refundable \$150 application fee (check made out to Vincentian Regency) when submitting your application.**

Vincentian Regency will operate a continuing care retirement community and provides housing for persons 55 years of age and older in its residential living units. Vincentian Regency conducts its operations in accordance with the Fair Housing Act (The Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988). Vincentian Regency does not discriminate against any person because of race, color, religion, sex, national origin, or handicap in the provision of housing.

TP-RGAP-0618

**THIS SPACE FOR USE OF TERRACE PLACE ONLY**

Date application was received \_\_\_\_\_

Date check received \_\_\_\_\_

Date application sent for approval \_\_\_\_\_

Date application approved \_\_\_\_\_

**-- OR --**

Date placed on waiting list \_\_\_\_\_

Date entered TERRACE PLACE \_\_\_\_\_