

Date Received: _____

2825 Bloomfield Rd.
Cape Girardeau, MO 63703
(573) 986-6290
www.saxonyvillage.com



APPLICATION FOR ADMISSION

FAMILY HISTORY

Full name _____ Social Security No. _____ - _____ - _____

Present address:

Street _____

City _____ State _____ Zip _____

Telephone _____

If you maintain more than one home, please list other addresses:

Where is your legal residence? _____ How long? _____

Previous Residence? _____ How long? _____

Date of Birth: _____ Place of Birth: _____

Marital Status: Single Married Widowed Divorced

Former occupation of spouse? _____

If you have living children, please list:

Name	Relationship	Occupation	Address	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other close relatives:

Name	Relationship	Occupation	Address	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PERSONAL HISTORY

Where have you lived most of your life? _____

Your profession, trade or occupation? _____

What are your hobbies? _____

HEALTH HISTORY

Do you consider yourself to be in reasonably good health for your age? Yes No, _____

Give the name and contact information for the physician who will prepare your medical certificate:

Physician: _____ Phone: _____

Street _____

City _____ State _____ Zip _____

Do you authorize Saxony Village to discuss your health with the above physician?

Signature: _____ Date: _____

HEALTH INSURANCE

Name of Company _____ Policy No. _____

Name of Company _____ Policy No. _____

Name of Company _____ Policy No. _____

NURSING HOME INSURANCE

Name of Company _____ Policy No. _____

CHURCH LIFE *(optional)*

Of what denomination are you a member? _____

Of what congregation are you a member? _____

Address of congregation: _____

How long have you been a member of this congregation? _____

Name of Clergy	Address	Phone
_____	_____	_____

Other references:

Name	Address	Phone
_____	_____	_____

List some form of service you have rendered through the church: _____

A complete application will also include:

- A financial statement
- A medical certificate
- Deposit

New construction: Deposit due at signing of application, balance due 60 days from date unit is ready to occupy. If resident is not prepared to move in by the 60th day, balance of entrance fee will be due, and monthly maintenance fee, less meals, will be charged.

Existing unit: Deposit due at signing of application, balance due 90 days from date unit is ready to occupy. If a resident is not prepared to move in by the 90th day, balance of entrance fee will be due, and monthly maintenance fee, less meals, will be charged.

In the event that the applicant does not move into the unit or pay the balance of the entrance fee, the deposit shall be refunded minus a \$500.00 processing fee.

Other special conditions of this application:

I hereby declare that all statements made herein are true and complete, according to my best knowledge and belief.

In witness whereof I hereunto set my hand to this application

This _____ day of _____

Applicant

Attest

By _____

Saxony Village