



APPLICATION FOR INDEPENDENT LIVING RESIDENCY

Date of Application: _____ Applicant legal name: _____

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

Brooks-Howell is open to individuals who are at least 62 years of age, or if a couple, one must be at least 62 years of age and meet one of the following criteria (check the applicable boxes below):

1. Retired deaconesses or missionaries related to the Women's Division of the Board of Missions of the Methodist Church as of 1964, or a missionary of the Evangelical United Brethren Church commissioned prior to Union in 1968. (Those with more than 15 years of service may be eligible for special rates.)
2. Other independent living residency admission criteria listed below;
 - a. Retired Deaconesses, Home Missioners, and Missionaries
 - b. Retired United Methodist Women Staff
 - c. Retired United Methodist Women Directors
 - d. Retired United Methodist Church and Community Workers
 - e. Retired staff of Scarritt-Bennett Colleges/Center
 - f. Retired GBGM mission personnel and staff
 - g. Retirees of United Methodist National Mission Institutions
 - h. Retired staff of Volunteers in Mission
 - i. Volunteers in Mission with 10 or more years of volunteer service
 - j. Retired staff of Church World Services
 - k. Retirees of other Mission Boards with United Methodist relationships
 - l. Retired United Methodist clergy and spouses
 - m. United Methodist Church members who have served the church for more than 10 years
 - n. Other United Methodist staff approved by United Methodist Women on a case-by-case basis
 - o. Retired mission personnel from other denominations approved by United Methodist Women Directors on a case-by-case basis

THERE IS NO COST OR OBLIGATION TO APPLY FOR RESIDENCY.

Entrance Fee Disclosure:

If independent living residency is approved, the applicant shall pay to United Methodist Women thirty-five percent (35%) of all of current assets and thirty-five percent (35%) of all assets of whatever nature which may at any time thereafter become entitled. The resident shall pay no more than \$100,000 on the 35% asset entrance requirement. As part of the application for independent living residency, the applicant shall supply United Methodist Women with a list of assets for verification purposes. If applying as a married couple, the foregoing entrance fee is applicable to each person and is based on assets owned individually or jointly.

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) _____

Email Address: _____ Gender: Male | Female

Date of Birth: _____ Place of Birth: _____

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: _____ 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.

ACCOMMODATION DESIRED

Please check preferred accommodations.

- Single Room (in Bethea building)
- Suite (in Bethea building)
- One Bedroom Apartment (two story apartment building in back of campus)
- Two Bedroom Apartment (two story apartment building in back of campus)
- Two Bedroom Cottage (The Village or The Quad)

Desired entrance date: _____

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: _____

Financial Data

Please submit the following financial documents that show current assets (past 90 days through current).

Bank Statements Savings | Checking | Money Market | Other: _____

Investment Statements Stocks | Mutual Funds | Foreign Market | Annuities | CDs / Bonds

Vehicles Owned: _____

Real Estate Owned: _____

Other Assets: _____

Debts/Financial _____

Obligations: _____

If additional space is needed to explain financial data, please attach to last page of application and check here:

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*

*Please explain other: _____

Please include any debts/financial obligations owed to you: _____

Church Service Record:

Original date entered church service: _____ Total number of years in church service: _____

Spouse of a _____ (Document spouse's church service record below.)

Complete Church Service History Breakdown

Conference: _____ Service Role: _____ Years of Service: _____

Conference: _____ Service Role: _____ Years of Service: _____

Conference: _____ Service Role: _____ Years of Service: _____

Conference: _____ Service Role: _____ Years of Service: _____

Conference: _____ Service Role: _____ Years of Service: _____

Country(ies) Served: _____

Ministry Programs/Sites: _____

If additional service history is attached, check here and attach to last page of application:

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 used only to determine eligibility for Brooks-Howell of United Methodist Women.

Signature of Applicant

Date

*Send completed application to:
Jill Knight, Admissions Coordinator
Telephone: 828-253-6712
266 Merrimon Avenue
Asheville, NC 28801

Fax: 828-225-2992
Email: jknight@brookshowell.org



FOR UNITED METHODIST WOMEN'S OFFICE ONLY

Eligibility Status-Room/Board:

100% Monthly Service Charge: _____ % of income _____

Medical Coverage:

Women's Division Percentage: _____% Connecticut General: _____

Collins: _____ Other: _____

Approved by:

Name: _____

Position: _____

Signature: _____

Date: _____

Comments: _____