



# INDEPENDENT LIVING RESIDENCY APPLICATION



3001 Ivy Drive, North Newton, 67117  
316-284-2900 Fax 316-284-0173



200 West Cedar Street, Hesston, KS 67062  
620-327-0400 Fax 620-327-4262

**Thank you for choosing one of the Bluestem Communities campuses for your future home!**

Specify which community you prefer: Kidron Bethel  Schowalter Villa  Either

Entrance Date: As soon as possible \_\_\_\_\_ Or approximate date \_\_\_\_\_

Services are provided without regard to race, color, sex, religion, national or ethnic origin, familial status, or disability.  
All information provided is held in strict confidence.

**Please complete and submit this application along with a non-refundable \$50 application fee per household.**

Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Address \_\_\_\_\_

Street / P.O. Box City County State Zip

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Cell phone \_\_\_\_\_ Spouse cell phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Spouse birthdate \_\_\_\_\_ Anniversary \_\_\_\_\_

If you cannot be reached, who may we contact?

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

How did you hear about us? (optional)

Newspaper \_\_\_\_\_ Radio \_\_\_\_\_ Magazine \_\_\_\_\_ Church \_\_\_\_\_ Personal Referral \_\_\_\_\_

Other (explain) \_\_\_\_\_

Were you referred by a current resident? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, by whom? \_\_\_\_\_

What most influenced your decision to apply?  
\_\_\_\_\_



Name \_\_\_\_\_ Birthdate \_\_\_ / \_\_\_ / \_\_\_ SSN \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_ / \_\_\_ / \_\_\_ SSN \_\_\_\_\_

## FINANCIAL INFORMATION

### Income:

Salary / Social Security \_\_\_\_\_  
Pensions / Annuities \_\_\_\_\_  
Stocks \_\_\_\_\_  
Real Estate Income \_\_\_\_\_  
Other Income \_\_\_\_\_  
\_\_\_\_\_

### Assets:

Checking / Savings \_\_\_\_\_  
Retirement Plans \_\_\_\_\_  
Stocks \_\_\_\_\_  
Cash Value Life Ins. \_\_\_\_\_  
Real Estate Value \_\_\_\_\_  
Other Assets Owned \_\_\_\_\_

### Liabilities:

Notes Payable \_\_\_\_\_  
Credit Cards \_\_\_\_\_  
Loans on Life Insurance \_\_\_\_\_  
Mortgages \_\_\_\_\_  
Taxes / Other \_\_\_\_\_  
\_\_\_\_\_

### Long-Term Care Insurance:

Company \_\_\_\_\_  
Monthly Benefit \_\_\_\_\_  
Premium \_\_\_\_\_

Bluestem Communities offers a variety of residential options to suit individual needs and preferences. Please carefully consider your current and future needs, preferences and finances, and review the residential options and costs to determine your best residential choice. Bluestem Communities staff members will answer any questions or concerns.

By submitting this application, you declare the information you provide is accurate and complete to the best of your knowledge.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Signature \_\_\_\_\_

### FOR OFFICE USE ONLY:

Date application and fee received \_\_\_\_\_ Staff initials \_\_\_\_\_

Staff signature \_\_\_\_\_