

JENNER'S POND RETIREMENT COMMUNITY

2000 Greenbriar Lane * West Grove, PA 19390

Phone: 610-869-6801 Fax: 610-869-6141

Email Address: www.jennerspond.org

JENNERATION ADVANTAGE CLUB

Mr. () _____	Date of Birth _____
	Social Security # _____
Mrs. () _____	Date of Birth _____
	Social Security # _____
Ms. () _____	Date of Birth _____
	Social Security # _____
Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/>	
Medicare / Supplemental Insurance _____	LTC Insurance _____

Address _____	City _____	
State _____	Zip Code _____	Phone # () _____
Occupation <i>person 1</i> _____	Occupation <i>person 2</i> _____	
Interests or Hobbies: _____		

Approximate date of desired residence at Jenner's Pond _____

Desired location: (Please indicate a 1st and 2nd choice)

Cottage (includes 2 BR, 1 _ baths, eat in kitchen, LR/dining rm, laundry, patio, 1 car garage)

Loft	Den	Extended Kitchen	Extended Bedroom
Basement		2 Car Garage	

Location of Cottage:	anywhere on campus	Sycamore Drive
Azalea Lane	Greenbriar Lane	Bayberry Lane
Wooded lot	Pond View	

Apartment:	West Residence	Alison Residence
Crowl Residence	Ewing Residence	

Type: 1 BR	1BR/den	2 BR	2 BR/den	2 BR/den deluxe
------------	---------	------	----------	-----------------

First Available

FINANCIAL STATEMENT

Jenner's Pond Inc., a Pennsylvania not-for-profit corporation, respects the privacy of every applicant and does not wish to intrude into any applicant's personal financial circumstances other than to have assurance that the necessary amounts needed under the contract and for the applicant's personal needs can be met adequately.

We are not interested in total estate, but rather only sufficient assets to cover admission costs, monthly charges for life and personal needs and obligations. This information will be kept confidential.

	FINANCIAL DATA		MONTHLY INCOME	
			Applicant	Second Person
Assets:				
Equity in residence	\$ _____	Social Security	\$ _____	_____
Savings & C.D.'s	\$ _____	Pension/Retirement	\$ _____	_____
Stocks	\$ _____	Savings & C.D.'s	\$ _____	_____
Bonds	\$ _____	Other*	\$ _____	_____
Other Real Estate Equity	\$ _____	Other*	\$ _____	_____
Other	\$ _____	Other*	\$ _____	_____
Other	\$ _____	TOTAL MONTHLY	\$ _____	_____
TOTAL ASSETS	\$ _____	TOTAL COMBINED MONTHLY	\$ _____	_____

** Note: These items should identify the specific investment in the asset column from which the income is derived.*

2. Do any of the following items increase, and if so, on what basis? Will there be a change with the death of one spouse?

Pensions _____ **Trust** _____
Annuity _____ **Rental** _____

Date _____ **Signed** _____
Signed _____

Comments: _____
