Villa Marin
A VIBRANT SENIOR LIVING COMMUNITY

Villa Marin Application Form

100 Thorndale Drive
San Rafael, CA 94903
Front Desk: 415-499-8711
Villa-Marin.com

How To Submit An Application For Residency At Villa Marin

We are pleased you are considering Villa Marin for your next residence. Here are the next steps. A $250 per-person, non-refundable administrative processing fee is required. If escrow has not closed within two years from the date of this application, the applicant will be required to pay another $250 and agree to provide and accept all interim changes in information, policies, and procedures. All information requested on the enclosed forms is required. Missing information is likely to delay the processing of this application. All information you provide will be maintained in strict confidence.

Once all documents are received, Villa Marin will review your application. Please be advised that a real estate transaction cannot be completed until the applicant(s) are approved by the Admissions Committee.

I understand that if this application is approved by VMHOA, the information supplied is part of the basis for such approval, and any misrepresentations, concealment, or omission may cause such approval to be voided at the option of VMHOA and/or may cause termination of residence and health care agreements.

Villa Marin Homeowners' Association is a California Non-Profit Mutual Benefit Corporation. It is a Continuing Care Retirement Community facility licensed by the California Department of Social Services and the Department of Health Services. The Villa Marin Board of Directors, elected by the homeowners, operates this facility. Your participation in the governance of Villa Marin will be an important part of your residency. By signing this form, you are expressing willingness to participate in the governance of this facility.

I hereby acknowledge that we are aware of Villa Marin's financial statements availability on the Villa Marin website and that Villa Marin's CEO and CFO are available to discuss the current operational or financial status of the community should I have questions.

Applicant I: **Signature** _____

Date _____/_____/ _____

Applicant II: **Signature** _____

Date _____/_____/ _____

APPLICANT I - Personal Information

Name _____
First **Middle** **Last**

Date of Birth _____/_____/_____ Age _____

Street Address _____

City _____ **State** _____ **Zip** _____

Home Telephone # _____/_____/_____ **Cell Telephone #** _____/_____/_____

Email Address _____

HEALTH & MEDICAL INFORMATION

General Health: **Good** _____ **Average** _____ **Fair** _____ **Poor** _____

Vision: **Good** _____ **Average** _____ **Fair** _____ **Poor** _____

Hearing: **Good** _____ **Average** _____ **Fair** _____ **Poor** _____

Are you a Kaiser or other HMO member, and if so, have you assigned your Medicare?

Yes _____ **No** _____ **Medicare Number** _____

Do you have Supplemental Health Insurance? Yes _____ **No** _____

Does the Supplemental Insurance Cover Prescriptions? Yes _____ **No** _____

Name & Address of Insurance Company: _____

_____

Subscriber Number: _____ **Group Number:** _____

Please include a copy of the following documents:

- Durable Power of Attorney (Finance)
- Advance Health Care Directive
- Do Not Resuscitate Order (DNR)

Please attach a Biographical Statement (required)

We would like to hear about the significant and important aspects of your life to become better acquainted. Please tell us about your family, career, volunteer activities, military service, travels and hobbies, etc. If you are admitted this information will be shared with your fellow residents to help them get to know you.

APPLICANT II - Personal Information

Name _____
First **Middle** **Last**

Date of Birth _____/_____/_____ Age _____

Street Address _____

City _____ **State** _____ **Zip** _____

Home Telephone # _____/_____/_____ **Cell Telephone #** _____/_____/_____

Email Address _____

HEALTH & MEDICAL INFORMATION

General Health: **Good** _____ **Average** _____ **Fair** _____ **Poor** _____

Vision: **Good** _____ **Average** _____ **Fair** _____ **Poor** _____

Hearing: **Good** _____ **Average** _____ **Fair** _____ **Poor** _____

Are you a Kaiser or other HMO member, and if so, have you assigned your Medicare?

Yes _____ **No** _____ **Medicare Number** _____

Do you have Supplemental Health Insurance? Yes _____ **No** _____

Does the Supplemental Insurance Cover Prescriptions? Yes _____ **No** _____

Name & Address of Insurance Company: _____

_____

Subscriber Number: _____ **Group Number:** _____

Please include a copy of the following documents:

- Durable Power of Attorney (Finance)
- Advance Health Care Directive
- Do Not Resuscitate Order (DNR)

Please attach a Biographical Statement (required)

We would like to hear about the significant and important aspects of your life to become better acquainted. Please tell us about your family, career, volunteer activities, military service, travels and hobbies, etc. If you are admitted this information will be shared with your fellow residents to help them get to know you.

APPLICATION for _____ (Name)

Relationship between Applicant I and Application II _____

If either dies, will his/her assets be available to support the other Applicant? _____

EMERGENCY CONTACTS

1. NAME _____ **Relationship** _____

Address _____

City _____ **State**_____ **Zip**_____

Telephone # _____ **Cell Phone #** _____

---

2. NAME _____ **Relationship** _____

Address _____

City _____ **State**_____ **Zip**_____

Telephone # _____ **Cell Phone #** _____

---

3. NAME _____ **Relationship** _____

Address _____

City _____ **State**_____ **Zip**_____

Telephone # _____ **Cell Phone #** _____

We understand that this is likely a stressful time for you. You can help expedite the process by ensuring that all documents are provided in a timely manner and that they are complete. While the information you have supplied is under consideration, a Villa Marin Admission Committee member will contact you to answer any questions you may have and keep you informed of the Admission Committee's progress in the review of your application.