vincentian

Application for Residency

INDEPENDENT LIVING

EQUAL HOUSING OPPORTUNITY

A Ministry of the Vincentian Collaborative System

GENERAL INFORMATION

Vincentian Independent Living Application

Please print or type.

1. Full Name _____

2. Address _____

3. Telephone _____ Date of Birth _____

4. Email _____

5. Presently Residing: ☐ In own home ☐ In an apartment ☐ With friends or relatives
☐ Other _____

6. ***Optional Second Applicant*** Full Name _____

Address _____

Telephone _____ Date of Birth _____

Email _____

Presently Residing: ☐ In own home ☐ In an apartment ☐ With friends or relatives
☐ Other _____

PLEASE INCLUDE A COPY OF YOUR INSURANCE CARDS AND SOCIAL SECURITY CARD WITH THIS APPLICATION

7. Marital Status: ☐ Single ☐ Married ☐ Widow ☐ Widower ☐ Divorced

8. Name and phone number of individuals helping with the move-in process:

NAME TELEPHONE EMAIL

a. _____

b. _____

c. _____

9. Will you bring a car? ☐ Yes ☐ No If yes, how many? _____

10. Will you bring a pet? ☐ Yes ☐ No If yes, what kind? _____
NOTE: There is a one-time pet fee of $500 due at move-in.

11. Do you smoke? ☐ Yes ☐ No
Vincentian Villa and Terrace Place at Vincentian are smoke-free communities.

☐ I understand that this application does not obligate me to enter VINCENTIAN, if accepted, nor does it obligate VINCENTIAN to accept me.

PLEASE PROVIDE COPIES OF STATEMENTS FOR ALL FUNDS LISTED

Statements should include: name of financial institution where account is held, owner of account by name, description of the type of account, value of the asset, maturity date (when applicable), and all other relevant information. Statement should be the most current available.

Name: _____

Income	Monthly
Are you currently working? ☐ Yes ☐ No Estimated Retirement Date? _____	N/A
Income from employment (if currently employed)	$
Social Security (first person)	$
Social Security (second person)	$
Pension (first person)	$
Pension (second person)	$
Interest	$
Dividends	$
Other	$
TOTAL	$

Name: _____

Assets	Additional Information	Value
Real Estate	Jointly Owned ☐ Yes ☐ No	$
Real Estate	Jointly Owned ☐ Yes ☐ No	$
Checking (primary)	Institution	$
Checking (secondary)	Institution	$
Saving	Institution	$
CD	Institution	$
CD	Institution	$
CD	Institution	$
CD	Institution	$
Long-Term Care	Total Value of Policy	$
Stocks	Description	$
Stocks	Description	$
Stocks	Description	$
Bonds	Description	$
Annuity	Description	$
Other Assets	Description	$
TOTAL ASSETS		$
Life Insurance	Beneficiary	$
Life Insurance	Beneficiary	$

Name: _____

Liabilities	Total
Loan	$
Mortgages	$
Credit Card Debt	$
Taxes	$
Other	$
TOTAL	$
Gifts given in to others in last 5 years	$
Other	$

Do you have a prenuptial agreement? ☐ Yes ☐ No

Do you have an irrevocable burial trust? ☐ Yes ☐ No

Is anyone other than you responsible for your financial information? ☐ Yes ☐ No

If so, who? _____

Have you ever been charged with, convicted of, or pled guilty or no contest to a misdemeanor or felony offense? ☐ Yes ☐ No

If yes, please state the date of the charge, the Court where the case(s) were prosecuted and the outcome.

_____

Community of Interest *(Please check one or both)* ☐ **Terrace Place at Vincentian** ☐ **Vincentian Villa**

Choose a Terrace Place entrance fee payment option(s): ☐ CCRC ☐ Rental

Choose a Vincentian Villa residence option(s): ☐ Patio Home ☐ Apartment ☐ First Available

Name: _____ Phone: _____

Address: _____

I AUTHORIZE VINCENTIAN TO CONTACT THE FINANCIAL INSTITUTIONS IDENTIFIED ON THIS APPLICATION TO OBTAIN INFORMATION REGARDING MY ASSETS AND INCOME, AND I HEREBY AUTHORIZE THE FINANCIAL INSTITUTIONS TO RELEASE ANY INFORMATION TO VINCENTIAN.

VINCENTIAN MAY RUN CREDIT AND CRIMINAL BACKGROUND CHECKS AS PART OF THE APPLICATION APPROVAL PROCESS. THESE REPORTS MAY BE OBTAINED AT ANY TIME AFTER RECEIPT OF YOUR AUTHORIZATION BY SIGNING THE APPLICATION FOR RESIDENCY.

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF UNDER PENALTY OF PERJURY. I UNDERSTAND THAT PROVIDING FALSE INFORMATION MAY RESULT IN THE DENIAL OF MY APPLICATION AND/OR THE TERMINATION OF THE RESIDENCE AND CARE AGREEMENT AFTER ADMISSION TO VINCENTIAN.

Date: _____

Signature: _____

PLEASE INCLUDE A NON-REFUNDABLE $150 APPLICATION FEE (CHECK MADE OUT TO VCS) WHEN SUBMITTING YOUR APPLICATION.

VCS operates a continuing care retirement community and provides housing for persons 55 years of age and older in its residential living units. VCS conducts its operations in accordance with the Fair Housing Act (The Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988). VCS does not discriminate against any person because of race, color, religion, sex, national origin, or handicap in the provision of housing.

THIS SPACE FOR THE USE OF VINCENTIAN ONLY.

Date application was received: _____ Date check received: _____

Date application sent for approval: _____

Date application approved: _____ ***OR*** Date placed on waiting list: _____

Date entered: _____

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

  In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a tollfree phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates.	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480

TYPE OF BUSINESS:	CONTACT:
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act. 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357

AUTHORIZATION/CONSENT/ACKNOWLEDGEMENT

As part of your application to reside at Vincentian, you are required to undergo a credit and a criminal background check. The information you provided in your application will be used to conduct the check.

I hereby consent to Vincentian and its contractor JD Palatine/JDP obtaining consumer reports, credit histories, criminal background information and/or investigative consumer reports at any time after receipt of this authorization and, if I am approved for residency, throughout my tenancy. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by JD Palatine 10675 Perry Hwy, #607, Wexford, PA 15090, Phone: 855-944-3232, Facsimile: 877-389-5105, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I understand that I may obtain a copy of the reports obtained by JDP at any time as a part of my application process at Vincentian.

The information I have provided on the application is true and correct to the best of my knowledge, information, and belief under penalty of perjury. I understand that providing false information may result in the denial of my application and/or the termination of the residence and care agreement after admission to Vincentian.

IN WITNESS WHEREOF and, intending to be legally bound, I have signed this Consent and Authorization on the date written below.

_____

Print Name of Applicant

_____ _____

Signature of Applicant or Legally Authorized Representative Date signed

_____

Print Name of Applicant or Legally Authorized Representative Signing Above

Legally Authorized Representative: If you are legally authorized representative of the applicant, please describe the scope of your authority:

☐ Durable Power of Attorney (POA)

☐ Legally Authorized Representative

☐ Other (please specify and attach proof) _____

I acknowledge receipt of the Summary of Your Rights Under the Fair Credit Reporting Act (FCRA) and certify that I have read and understand this document.

_____ _____

Signature of Applicant or Legally Authorized Representative Date signed