



WAITING LIST NUMBER _____

On Deck for The Admiral at the Lake
The Waiting List Agreement

SECTION I: THE TERMS

This agreement is made between The Admiral at the Lake (The Admiral) and _____ dated _____. The Admiral is a Continuing Care Retirement Community located at 929 W. Foster Avenue, Chicago, IL 60640. Persons wishing to join The Admiral's Waiting List may do so by signing this agreement and paying the Waiting List Deposit Fee of \$1,000, plus a non-refundable processing fee of \$250. The check for \$1,250 should be made payable to The Admiral at the Lake.

Both parties agree to the following:

1. As a member of The Admiral's Waiting List, you have priority access, *after* our resident internal waiting list, to available apartments and extra opportunities to experience the lifestyle and community at The Admiral. Additionally, we will offer information and updates to our Waiting List members.
2. In addition to the Waiting List Deposit, The Admiral requires you to complete the Self Profile and the Financial Disclosure Form.
3. Priority for each type of apartment at The Admiral is determined by the Waiting List number set according to this agreement, the receipt of the Waiting List Deposit Fee, and the apartment preferences and readiness selected in this agreement. You may amend your apartment preferences at any time.
4. The Admiral will notify you if one of your preferred apartment styles becomes available. You will not be notified before your preferred readiness timeframe, as listed on the Waiting List Agreement. You may accept or reject the offer to reserve the apartment within three (3) business days from the date of notification. You may reject the offer to take residency up to three (3) times without forfeiting your Waiting List number. If the fourth opportunity for selection is rejected, you will be given the next available Waiting List number. To confirm your acceptance of an available apartment, you will sign a Reservation Agreement.
5. \$1,000 of your Waiting List Deposit Fee will be credited in full toward the Reservation Deposit Fee when an apartment is accepted and reserved. \$1,000 of the Waiting List Deposit will be refunded in full within 60 days upon completion of the approval process if applicant is not approved for Lifecare, or upon receipt by The Admiral of a written request for a refund. The Admiral will not pay interest on Waiting List Deposit, either when refunded or when credited against the Reservation Deposit Fee.

6. Entrance Fee and Monthly Fee pricing at The Admiral may be changed at any time. Written notices of such changes will be mailed to everyone on the Waiting List.
7. This agreement does not entitle you to Lifecare and residency at The Admiral, but rather to be considered for Lifecare and residency at The Admiral.

SECTION II: PERSONAL PREFERENCES

1. **APARTMENT PREFERENCES:** I prefer to occupy the following type of apartment at The Admiral. (You may check as many as apply).

- 1 Bedroom 1 Bathroom: (please check subsections that apply)
 - 745 square feet – 850 square feet
 - 851 square feet – 940 square feet
 - 941 square feet – 1,015 square feet
 - 1 Bedroom + Den (1 Bathroom) – 1,077 square feet
- 2 Bedroom 2 Bathroom: (please check subsections that apply)
 - 1,061 square feet – 1,200 square feet
 - 1,201 square feet – 1,300 square feet
 - 1,301 square feet – 1,525 square feet
- 3 Bedroom: 1,546 – 1,950 square feet
- 3 Bedroom: 2,400 square feet

NOTE: You may make changes to your preferences at any time by contacting your residency counselor at The Admiral and amending this agreement.

2. **READINESS:** Please estimate your readiness:

- Immediately
- 3-6 Months
- 6-12 Months
- 1-2 Years
- 2+ Years

3. **CONTACT INFORMATION:** If The Admiral is unable to reach you within five (5) business days to inform you of an available apartment that meets your selection preferences, whom do you give us permission to contact:

Name: _____

Relationship: _____

Phone: _____

Email: _____

4. **REFUND:** If a Refund of your Waitlist Deposit Fee is necessary because of death, please note to whom The Admiral should direct the \$1,000 refundable portion of your Waiting List Deposit:

Name: _____

Relationship: _____

Phone: _____

Email: _____

Address: _____

In witness whereof the parties hereto have executed this agreement on the dates indicated next to their names:

Signature(s) of Prospective Resident(s) or Responsible Party:

Applicant's Signature

Date

Second Applicant's Signature

Date

The Admiral at the Lake Representative

Date



SELF PROFILE

ALL INFORMATION WILL BE HELD CONFIDENTIAL

1. Name: _____
Last First Middle

2. Address: _____
Street City State Zip Code

3. Telephone No: () _____ Cell: () _____

4. Email Address: _____

5. Birth Date: _____ Marital Status: ___ Married ___ Single ___ Widowed ___ Divorced

Wedding Anniversary: _____ Number of Children: _____

Birth Place: _____ High School: _____

Graduate School: _____

6. What was/is your occupation? _____

7. What are your hobbies or interests? _____

8. Religious Affiliation: (Optional) _____

9. Pets: _____

10. Anything else? (Family, volunteer experience, travels, places you've lived, etc.): _____



FINANCIAL STATEMENT

(Must be completed by each individual; joint holdings must be so noted)

ALL INFORMATION WILL BE HELD CONFIDENTIAL

Name: _____

ASSETS						
	1st Person	Is the asset security for a loan?		2nd Person	Is the asset security for a loan?	
		Yes	No		Yes	No
Cash (Savings & Checking)	\$			\$		
CD's, Money Markets, etc.	\$			\$		
Stocks & Bonds	\$			\$		
IRA's, Annuities, etc.	\$			\$		
House	\$			\$		
Other Real Estate	\$			\$		
Trust Fund (indicate % beneficial int.)	\$			\$		
Cash Surrender Value of Life Insurance	\$			\$		
Other Assets (Describe Below: _____ _____ _____	\$			\$		
TOTAL ASSETS:	\$			\$		
LIABILITIES						
	1st Person			2nd Person		
Mortgage on Residence	\$			\$		
Mortgage(s) on Other Real Estate	\$			\$		
Other Bank Loans	\$			\$		
Loans Against Cash Surrender Value of Life Insurance	\$			\$		
Other Liabilities (Notes Payable, etc.)	\$			\$		
TOTAL LIABILITIES:	\$			\$		

HAVE YOU GUARANTEED ANY DEBT OWED BY ANOTHER?

_____ YES _____ NO

Guarantor(s)	Debtor	Relation	Amount of Debt Guaranteed

REGULAR MONTHLY INCOME

	1st Person	2nd Person
Social Security	\$	\$
Pension *	\$	\$
Dividends	\$	\$
Interest	\$	\$
Mortgage/Rental Income	\$	\$
IRA Income	\$	\$
Trust Income	\$	\$
Other Monthly Income	\$	\$
Total Regular Monthly Income	\$	\$

*With regard to monthly pension income reflected, will the monthly payment continue in the same amount for the life of the other person listed (generally, the surviving spouse)? _____Yes _____No. If no, what will the monthly payment be after the death of the recipient listed? _____/month.

Long Term Care Insurance (please circle): 1st Person: Yes/No 2nd Person: Yes/No

Daily payout (if known): _____ **Yearly premium:** _____

Birthday: 1st Person: _____ 2nd Person: _____

I hereby declare that all statements made herein are true according to my best knowledge and belief. In witness whereof, I have hereunto set my hand to this application this _____ day of _____, 20____.

Signature of 1st Person

Signature of 2nd Person