

Independent Living Apartments

Kingsway Village Apartments Monthly Rental Rates

One Bedroom	\$3090 - \$3470*
One Bedroom with Den	\$3490 - \$3870*
Two Bedroom	\$3930 - \$4340*

Your Kingsway Village Apartments monthly rental rate is based upon apartment size, Trust Deposit amount, and your service plan choice (Gold or Silver). Additionally, the monthly rate includes housekeeping and linen service, wellness/ fitness, social and life enrichment programs, 24-hour security, emergency pull cords in each bedroom and bathroom, transportation for scheduled medical appointments, shopping and excursions, standard cable TV and maintenance. Utilities and telephone are not included. A Trust Deposit of \$75,000 to \$225,000 is required for your future care needs on the Kingsway campus. The Trust is placed in your name at M&T Bank and you are always in control. Highest Trust levels afford a daily reduction on the private pay rate for Kingsway assisted living/memory care and skilled nursing center care, \$10/day or \$20/day, respectively.

***2nd person monthly service fee** for Kingsway Village Apartments is \$700.

Parkland Garden Apartments Monthly Rental Rates

Studio	\$1940 - \$2240
One Bedroom	\$2710 - \$3010*
Two Bedroom	\$3330 - \$3630*

Parkland Garden Apartments monthly rental rate is based upon apartment size and your meal plan choice (Gold or Silver). Additionally, the monthly rental rate includes housekeeping and linen service, wellness/fitness, social and life enrichment programs, 24-hour security, emergency pull cords in each bedroom and bathroom, transportation for scheduled medical appointments, shopping and excursions, standard cable TV and maintenance. Utilities and telephone are not included.

***2nd person monthly service fee** for Parkland Garden Apartments is \$700.

Kingsway Court Apartments Monthly Rental Rates

First Floor, One Bedroom	\$1180
Second Floor, One Bedroom	\$1150

Kingsway Court Apartments monthly rental rate includes transportation for scheduled medical appointments, shopping and excursions, standard cable TV and maintenance. Services such as meals and housekeeping are available for additional monthly service fees. Utilities and telephone are not included.

Kingsway is a smoke-free campus.

Assisted Living and Enhanced Assisted Living

Standard Room	\$6170
Standard with shower	\$6350
Large Deluxe	\$6770
Corner Unit	\$7500*
Studio Apartment	\$6890 - \$7480*
Two-Room Suite	\$7860*
One-Bedroom Apartment	\$8080 - \$8500*

An additional monthly charge of \$700 or \$1100 applies for enhanced levels of care. There is a \$2000 application fee, collected upon admission. A \$2500 room reservation deposit may be required.

***2nd person monthly service fee** is \$2500.

Memory Care (within Assisted Living)

Standard Room	\$8650
Standard Room with Shower	\$8750
Large Deluxe	\$8890
Corner Deluxe	\$9010
Mohawk Room	\$9150

An additional monthly charge of \$1100 applies for enhanced level of care. There is a \$2000 application fee, collected upon admission. A \$2500 room reservation deposit may be required.

Respite (within Assisted Living)

Daily Service Rate \$240

An additional daily charge will apply for enhanced assisted care or memory care respite stays.

Skilled Nursing & Rehabilitation Daily Service Rates

Semi-Private Room	\$510
Standard Private Room	\$525
Courtyard Private Room	\$525
Premium Semi-Private	\$525
Courtyard Private Room-Full Bath	\$530
Deluxe Private Room	\$535
Premium Private Room	\$540

Rates for Skilled Nursing & Rehabilitation do not include NYS Receipts Assessment.

Home Care Service Rates

Please visit kingswaycommunity.com/home-care for up to date hourly rates for home health aides, personal care aides, and companions, supervised by a Registered Nurse

Application For Residency



Thank you for your interest in Kingsway. In order to properly process an individual's application, we must have the following information.

Today's Date _____

Date Received _____

Name 1st Person _____ DOB _____ Sex: ☐ Male ☐ Female

Name 2nd Person (If applicable) _____ DOB _____ Sex: ☐ Male ☐ Female

1st Person Address _____
Street City State Zip

2nd Person Address _____
Street City State Zip

Email _____

Telephone: (h) _____ (c) _____

1st Person SS Number _____ 2nd Person SS Number _____

Marital Status _____ U.S. Citizen? ☐ Yes ☐ No If not, of what country? _____

Residence Desired? ☐ Independent Living ☐ Assisted Living/Memory Care ☐ Nursing Care/Rehab

Desired Move-in Date _____ Present Living Arrangement _____

Name of Attending Physician _____ Phone _____ Fax _____

Health Coverage: Medicare Number _____ Medicaid Number _____

HMO/Other Insurance _____ Group Number _____

List closest relatives or personal contacts

1. Name _____ Relationship _____

Address _____ Home # _____

_____ Cell or Work# _____

Email _____ ☐ POA ☐ Health Care Proxy

2. Name _____ Relationship _____

Address _____ Home # _____

_____ Cell or Work# _____

Email _____ ☐ POA ☐ Health Care Proxy

Who assists with your financial affairs at this time? ☐ No one, I conduct my own.

☐ Name & Phone of individual assisting with financial matters:

Financial Statement

The information herein will be kept strictly confidential and will be solely used for determining eligibility for Kingsway resident/tenant acceptance and to provide assurance that the funds needed for our residency agreement are adequate.

Please list your monthly income, assets and liabilities:

<u>INCOME</u>	<u>Prospective Resident</u>	<u>2nd Person's</u>
<u>Regular Income</u>	<u>Monthly Income</u>	<u>Monthly Income</u>
Earned Income✕	\$ _____	\$ _____
Social Security Benefits✕	\$ _____	\$ _____
Retirement Pension✕	\$ _____	\$ _____
(Civil, Veteran's, Teachers, etc.)		
Annuities✕	\$ _____	\$ _____
Trust Fund Income✕	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
<u>Investment Income</u>		
Rental Property Income✕	\$ _____	\$ _____
Interest on Savings/CDs✕	\$ _____	\$ _____
Income Stocks/Bonds✕	\$ _____	\$ _____
Where ✕ indicated please provide copies of most recent official bank or account statements to verify balances.		
<u>Total Monthly Income</u>	\$ _____	\$ _____

Do you have a Trust? ☐ No ☐ Yes If yes, please provide a **copy of the Trust Agreement** and indicate the current balance: \$ _____ ☐ Revocable ☐ Irrevocable

Can the principal of the Trust be used if needed? ☐ Yes ☐ No

ASSETS**Prospective Resident's
Assets****2nd Person's
Assets**

Checking Account✕	\$ _____	\$ _____
Savings Account✕	\$ _____	\$ _____
Certificates of Deposit✕	\$ _____	\$ _____
Securities✕	\$ _____	\$ _____
Accounts Receivable	\$ _____	\$ _____
Home Value	\$ _____	\$ _____
Other Real Estate Owned	\$ _____	\$ _____
IRA's✕	\$ _____	\$ _____
Other Assets (specify)✕	\$ _____	\$ _____
Other Assets (specify)✕	\$ _____	\$ _____
Total Assets	\$ _____	\$ _____

Where ✕ indicated please provide copies of most recent official bank or account statements to verify balances.

LIABILITIES**Prospective Resident's
Liabilities****2nd Person's
Liabilities**

Notes Payable to Banks	\$ _____	\$ _____
Mortgages	\$ _____	\$ _____
Real Estate Tax	\$ _____	\$ _____
Other Debts✕	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____

NET WORTH

<u>Available for Care</u>	\$ _____	\$ _____
----------------------------------	-----------------	-----------------

Are Assets held jointly? ☐ Yes ☐ No If yes, with whom? _____

Have any Assets been transferred in the last 60 months? ☐ Yes ☐ No If yes, please explain:

Do you plan to sell residence or real estate to pay for your financial obligations to Kingsway? ☐ Yes ☐ No

Do you have LTC insurance? ☐ Yes ☐ No **If yes, please provide a copy of the official policy.**

Do you anticipate any significant changes in your financial situation in the next 3 to 5 years? ☐ Yes ☐ No If yes, please explain:

I understand that Kingsway Community relies upon the accuracy of the above information for the purpose of determining whether there will be a source of payment and to determine when the resident may need financial assistance. I hereby give Kingsway Community permission to verify medical and financial information supplied on this application for admission and further agree that the funds will be available for the care of the applicant during his/her residency at Kingsway Community. In addition, I understand that I am required to provide Kingsway with additional documents at Kingsway's request, at any point in time prior to or during my residency, including but not limited to income tax return, bank statements, or other confidential information.

Signature of Prospective Resident

Date

Signature of 2nd Prospective Resident (if applicable)

Date

Signature of Individual Assisting with Financials

Date

Relationship to Prospective Resident

Phone of Individual Assisting with Financials

Federal and State laws prohibit discrimination based on age, sex, sexual preference, race, color, ancestry, national origin, religious creed, disability, blindness, marital status, source of payment, or sponsorship.