



***Providing Senior Living to the Greater Denver Area***

*Assisted Living - The Argyle Assisted Living and Raleigh Gardens  
Independent Living - The Argyle Park features 50 apartments in a HUD 202/Section 8 community*

**4115 West 38th Avenue, Denver, Colorado 80212  
303-455-9513**

*Located off W. 38th between Sheridan Blvd and Federal Blvd.*

**Website: [TheArgyle.org](http://TheArgyle.org)**

## The Argyle Assisted Living Application 2020

### Documentation Checklist

- Social Security Benefit Letter (once a year)
- Pension Verification(s)
- Six months of Bank Statements for each Bank Account
- Current Market Value of any Property
- Verification documentation of Stocks and/or Bonds
- Case Surrender Value of all no-term Life Ins. Policies
- Copy of All Insurance cards: Medicare and any Supplemental Insurance
- Copy of all Annuity documentation and if receiving monthly income from annuity provide amount
- Copy of Power of Attorney / Medical Power of Attorney
- Copy of Federal Income taxes for current or past year
- Completed copy of the Sirona FitTEST

# The Argyle Assisted Living Application 2020

## Reservation Application

(Please fill information out completely)

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status: Single  Married  Divorced  Separated  Widowed

Religion: \_\_\_\_\_

Citizen of the USA: Yes No If naturalized, Certificate No. \_\_\_\_\_

Previous Address: \_\_\_\_\_

U.S. military Service: Yes No Branch of Service \_\_\_\_\_

Occupation or Trade: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Is your spouse living?: Yes No If so, please give present address: \_\_\_\_\_

\_\_\_\_\_

If deceased, please give date of death: \_\_\_\_\_

No. of Children: \_\_\_\_\_

Names of children: \_\_\_\_\_

### Hospitalization and Medical Insurance-

Hospital Preference: \_\_\_\_\_ Ambulance Preference: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Other Medicare Insurance: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ Group Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Premium Amount: \_\_\_\_\_ Paid By: \_\_\_\_\_

V.A. Claim Number: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Specify Funeral Home: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Funeral Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Person (s) To be notified in case of emergency-

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Office Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Office Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## The Argyle Assisted Living Application 2020

### Power of Attorney-

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### How mail should be delivered

All Mail to Resident

Personal Mail Only to Resident

Business mail to Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Will you be receiving the newspaper?

Yes

No

Would you like to authorize for the Toe Nail Clinic?

Yes

No

Will you be receiving cable?

Yes

No

(Please note: cable, newspaper and Toe Nail Clinic are the responsibility of the applicant or Responsible party).

### Relatives and Friends

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Office Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Office Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# The Argyle Assisted Living Application 2020

## Applicants Financial Assets and Income

### Income:

#### Social Security-

Number: \_\_\_\_\_ per Month Gross Amounts: \_\_\_\_\_

Payee: \_\_\_\_\_ Checks go to: \_\_\_\_\_

Social Security Number which benefits are paid: \_\_\_\_\_

#### Pensions- (Must include type of pension and address)

Government: Gross Dollar Amount: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Veterans Administration-

Gross Dollar Amount: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Company-

Gross Dollar Amount: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gross= Amount prior to any deductions

Other Income: Gross Dollar Amount: \_\_\_\_\_

Describe Type: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# The Argyle Assisted Living Application 2020

## Rent From Real Property-

Amount: \$ \_\_\_\_\_

Expenses to Maintain Rental Property: \$ \_\_\_\_\_

## Dividends from Securities-

Amount: \$ \_\_\_\_\_

## Interest from Bank Accounts-

Amount: \$ \_\_\_\_\_

## Income from Annuities-

Amount: \$ \_\_\_\_\_

## Other Income-

Amount: \$ \_\_\_\_\_

Describe: \_\_\_\_\_

Gross= Amount prior to any deductions

**Assets-** (Make sure address and account numbers are filled in and are accurate).

## Cash on Hand-

Amount: \$ \_\_\_\_\_

## Bank Accounts-

Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ Date: \_\_\_\_\_

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Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ Date: \_\_\_\_\_

### Safety Deposit Box-

Where: \_\_\_\_\_

Contents: \_\_\_\_\_

### Stocks-

Name of Stock: \_\_\_\_\_ No. of Shares: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Market Value: \$ \_\_\_\_\_

Name of Stock: \_\_\_\_\_ No. of Shares: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Market Value: \$ \_\_\_\_\_

### Bonds-

Name of Bond: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Bond: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## The Argyle Assisted Living Application 2020

**Real and Personal Property-** (We will require proof of current market value, proof of loan balance, equity or title).

Location: \_\_\_\_\_

Type of Property: \_\_\_\_\_ Market Value: \$ \_\_\_\_\_

Mortgages Against Property: \_\_\_\_\_

To Whom: \_\_\_\_\_

Taxes: \_\_\_\_\_

### Life or Annuity Insurance-

Name of Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Present Cash Surrender Value: \$ \_\_\_\_\_

Name of Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Present Cash Surrender Value: \$ \_\_\_\_\_

Does ANYONE owe you money? \_\_\_\_\_

Person's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Do YOU owe anyone money? \_\_\_\_\_

Person's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



# The Argyle Assisted Living Application 2020

## Plan of Payment for Cost of Care at The Argyle

Own Assets and/or income: \_\_\_\_\_

The information given on this reservation application is correct. I hereby apply for admission to The Argyle and give permission to the following institutions to supply The Argyle with verification of financial information supplied tot hen on this application.

Applicants Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant or Power of Attorney

\_\_\_\_\_  
Date

**NOTE: State and Federal Law prohibits discrimination based on race, creed, color, national origin, sex, handicap or sponsor. A copy of Power of Attorney for health care and finances must accompany this application must be completed with accompanying documentation PRIOR to an applicant receiving consideration for admission to The Argyle.**