

I understand that any concealment of facts in this application or any fraudulent statements made herein can result in forfeiting my approval to, or residence in Vinson Hall/Arleigh Burke Pavilion/The Sylvestery, and/or termination of any current financial assistance.

Submitted herewith is my check made payable to Navy Marine Coast Guard Residence Foundation (NMCGRF) in the amount of \$ 2,000 as a deposit to be added to the Vinson Hall Reservation List.

Please indicate apartment choices by preference (1, 2, 3 etc.):

Apartment	Preference	Apartment	Preference
Patton		The Adams	
Patton with Balcony		The Grant	
Mitschner		The Jackson	
Vandegrift		The Jefferson	
Vandegrift with Balcony		The JFK	
Puller		The JFK OPT	
Doolittle		The Lincoln	
Halsey		The Madison	
Halsey with Balcony		The Monroe	
Roland		The FDR	
Bradley		The Washington	
Bradley with Balcony		The Roosevelt	
Nimitz		The Truman	
Nimitz with Balcony		The Wilson	
Arnold			
Richmond			
Richmond with Balcony			

If my application is not accepted or I choose to withdraw from the Vinson Hall Wait List, I understand the deposit paid herewith will be returned (without interest). I further understand that when I accept and reserve an apartment, I will increase my deposit to ten percent of the entry fee that I choose and that the entire deposit will apply to the entry fee to be paid when contracts are signed at time of taking possession of the apartment.

I hereby agree to comply with any rules or regulations promulgated by Vinson Hall LLC and that my rights as a resident are contingent upon my compliance with such rules and regulations as modified from time to time. In consideration of the evaluation by Vinson Hall LLC the Admissions Committee of this application and upon receiving notice that I have been accepted as a resident at Vinson Hall, I hereby agree to execute the current contract as required by Vinson Hall LLC no later than the date of taking possession of the Vinson Hall apartment.

# INDEPENDENT LIVING APPLICATION FOR RESIDENCY

*The information supplied in this application will be treated as privileged and confidential.*  
(Please Print)

I hereby apply for residency to Independent Living. If accepted by the Executive Committee, my current plan is to move into Independent Living about \_\_\_\_\_, 20\_\_\_\_.

I hereby certify to my best knowledge and belief the following statements to be complete and true with respect to my qualifications for residency.

## I. PERSONAL INFORMATION

Name: \_\_\_\_\_  
First
Middle
Last

Present Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell phone \_\_\_\_\_

Social Security No. \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

My spouse  is living  is deceased.  
 If spouse is living, is spouse also applying for admission?  Yes  No  
**IF YES, SPOUSE IS REQUIRED TO COMPLETE A SEPARATE APPLICATION.** Each application should reflect the financial situation as if spouse is deceased.

Previous Occupation (other than military) \_\_\_\_\_

How did you hear about Vinson Hall \_\_\_\_\_

## II. ELIGIBILITY

My Service connection is based on: \_\_\_\_\_ *Please provide documentation with application*

Name of Officer/ Federal Employee \_\_\_\_\_ Relationship \_\_\_\_\_

Branch of Service / Federal Agency \_\_\_\_\_ Military I.D. No. \_\_\_\_\_

Rank/ Pay Grade of Officer/ Federal Agency \_\_\_\_\_

Living / Deceased Length of Service \_\_\_\_\_  
 If living, present address: \_\_\_\_\_

\_\_\_\_\_ Address City State Zip

**SIGNATURE OF APPLICANT**

**DATE**

**Forward your completed application with:**

- 1) \$50 non-refundable application fee payable to VH LLC**
- 2) \$2000 deposit check payable to NMCGRF**
- 3) Financial documentation Submit to:**

Vinson Hall - Marketing Department 6251 Old Dominion Drive McLean, VA 22101

### III. CONTACT INFORMATION

Next of kin or other person(s) to be notified in event of emergency. (Please Print)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

### IV. FINANCES- Please include documentation to support information provided

The information requested below is required to satisfy the Foundation that the applicants(s) have adequate income and assets to pay the entry fee and monthly charges over the course of residency at Independent Living, Arleigh Burke Pavilion or The Sylvestery.

My assets and sources of income are as follows:

**INCOME AND ASSETS:**

I. My income is as follows:	Monthly Income	Annual Income
VA Pension.....	\$ _____	\$ _____
Military Pension (SBP; yes/no) .....	\$ _____	\$ _____
Social Security (self) .....	\$ _____	\$ _____
Social Security (spouse, if applicable) .....	\$ _____	\$ _____
Dividends .....	\$ _____	\$ _____
Interest .....	\$ _____	\$ _____
Life Insurance Benefit (from spouse).....	\$ _____	\$ _____
Life Insurance Benefit (other) .....	\$ _____	\$ _____
Life Insurance Benefit on Applicant.....	\$ _____	\$ _____
Other(specify):.....	\$ _____	\$ _____
_____ .....	\$ _____	\$ _____
<b>TOTAL INCOME</b> .....	\$ _____	\$ _____

**II. I own the following Real Estate/Property:** Please provide tax assessments

Description of Property	% Ownership	\$ Value	Encumbrance
1.) _____	_____	\$ _____	_____
2.) _____	_____	\$ _____	_____
3.) _____	_____	\$ _____	_____
NET VALUE OF PROPERTY (value - encumbrances).....		\$ _____	
VEHICLE(S) Year ____ Make/Model _____		\$ _____	_____
Year ____ Make/Model _____		\$ _____	_____

**III. I have the following savings/investment accounts:** Please provide recent statements

Bank/Investment	City & State	Balance
1.) _____	_____/____	\$ _____
2.) _____	_____/____	\$ _____
3.) _____	_____/____	\$ _____
4.) _____	_____/____	\$ _____
5.) _____	_____/____	\$ _____
6.) _____	_____/____	\$ _____
TOTAL VALUE OF SAVINGS/INVESTMENTS .....		\$ _____

**IV. Long Term Care Insurance** [ ] Yes [ ] No Please provide copy of the Declaration page of your policy

**V. I am receiving assistance/support from the following organizations and/or individuals as follows:**

Source/Relationship	Address	\$ per Month
1.) _____	_____/____	\$ _____
2.) _____	_____/____	\$ _____
TOTAL VALUE OF ASSISTANCE/SUPPORT		\$ _____

**VI. EXPENSES/DEBTS:**

1. My expenses are as follows (specify):	Description	Monthly Payment
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
2. OUTSTANDING DEBT/LOANS	\$ _____	
MONTHLY DEBT PAYMENTS	\$ _____	