



# **Croasdaile Village**

**2600 Croasdaile Farm Parkway**

**Durham, North Carolina 27705**

**(919) 384-2475**

**Send to the attention of: Marketing Department**

**Future  
Resident Agreement**



**THIS FUTURE RESIDENT AGREEMENT** (“Agreement”) is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between \_\_\_\_\_ (“Future Resident,” “you,” or “your”) and The United Methodist Retirement Homes, Incorporated (“UMRH,” “we,” “us,” or “our”), the provider of a continuing care retirement community known as Croasdaile Village Retirement Community (the “Village”), located at 2600 Croasdaile Farm Parkway, Durham, North Carolina 27705. Unless otherwise indicated, “you” refers to both of you if there are two of you.

**RECITALS:**

**WHEREAS**, having indicated the desire to become a resident of the Village at a future time when a residence of their choice becomes available, Future Resident will complete and sign this Agreement.

**WHEREAS**, Future Resident is requesting to be added to the Wait List and notified of the availability of the following residences, unless otherwise specified in an updated Wait List Status Form:

Desired Residence Choice(s): \_\_\_\_\_

**NOW THEREFORE**, you and we hereby agree to the following:

**1. SUBSCRIPTION FEE.** In consideration for return of Wait List Status Form, Future Resident agrees to pay a one-time subscription fee to the Village in the amount of **\$ 1,000.00**, receipt of which is acknowledged by us upon our signature of this Agreement.

**2. RESIDENT STATUS.** Future Resident will also complete, sign, and date a Wait List Status Form, attached as Exhibit A, to provide their contact information, desired residences, and select either Ready or Future status:

*Ready Status* - desiring to move into the Village as soon as possible, understanding that once a residence is offered and accepted, Future Resident will have ninety (90) days to prepare for the move into the residence, while it is being refurbished for occupancy. Future Resident will indicate this by filling in, signing, and dating the “READY” section on the Wait List Status Form.

OR

*Future Status* - for those planning ahead and desiring to move into the Village at a later date, which Future Resident will indicate by filling in, signing, and dating the “FUTURE” section on the Wait List Status Form. Future Residents in Future Status will not receive offers of available residences until they elect to be in Ready Status by completing and submitting an updated Wait List Status Form to the Marketing Department. **Note: Realizing that**

**circumstances, health, and physical abilities can change at any time, Future Resident can receive and complete an updated Wait List Status Form upon request.**

**3. PRIORITY NUMBER.** Upon receipt of the subscription fee, UMRH agrees to provide Future Resident with a permanent Priority Number documented in the Signature Section of this Agreement. This Priority Number will hold your place on the Wait List regardless of Ready or Future Status but offers will only be made to those in Ready Status. Future Resident can elect to be in Ready Status anytime as indicated above. The Village agrees to provide Future Resident with periodic communications, as well as notices and/or invitations to community programs or special events, affording an opportunity to experience the lifestyle of the Village.

**4. RESIDENCE OFFER.** When Future Resident in Ready Status is offered and accepts an available residence, the subscription fee paid by Future Resident shall be applied towards the then-current Entrance Fee deposit due to be paid by Future Resident under the terms of the then-current Residency Agreement to reserve the residence. If Future Resident declines offers and does not apply for residency of available residences within three (3) years of the first offer, the subscription fee shall be retained by UMRH, and no portion of the subscription fee will be refunded to Future Resident.

**5. OFFER REQUIREMENTS.** The offer of an available residence will be made on a first-come, first-served basis, to Future Residents in Ready Status in the order of the original Wait List Priority Number, subject to the priority accorded Future Residents as described below. If Future Resident elects to reserve an available residence, Future Resident shall apply for residency at the Village within seven (7) days of offer acceptance, in accordance with Paragraph 5 of this Agreement.

**6. APPLYING FOR RESIDENCY.** To apply for residency of an available residence at the Village, Future Resident shall:

- (a) Execute and deliver the then-current Residency Agreement;
- (b) Execute and deliver a Confidential Data Application and pay the 10% Entrance Fee deposit;
- (c) Within ten (10) days, execute and deliver the rest of the Application for Residency forms, and;
- (d) Authorize and return the required personal health history forms with Physician's signature.

**7. REFUND OF SUBSCRIPTION FEE.** If Future Resident applies for and is not accepted for residency, Future Resident will receive a full refund of subscription fee paid by Future Resident under this agreement. The subscription fee is also refundable if no offers have been extended and refused, or if Future Resident's health changes require admission to another facility. In case of death, the refund is payable to the estate of Future Resident, with provision of required documentation.

**8. ACKNOWLEDGMENTS.** Future Resident acknowledges that UMRH may refuse to accept Future Resident for residency at the Village if Future Resident fails to meet any of the admission requirements in effect at the time Future Resident applies for residency. Further, Future Resident

acknowledges UMRH has no obligation under the terms of this Agreement to accept Future Resident for residency under a Residency Agreement.

**9. NOTICES.** Future Resident agrees to promptly notify UMRH of any change in their contact information, address, and Wait List Status preferences. Failure to keep UMRH informed of the above releases UMRH of its obligations under this Agreement.

[Future Resident Name]  
[Future Resident Street Address]  
[Future Resident City, State, Zip]  
Phone: [Future Resident Phone #]  
Email: [Future Resident Email]

**10. CAPACITY.** This Agreement has been executed on behalf of UMRH by its duly authorized agent, and no officer, director, agent or employee of UMRH shall have any personal liability hereunder to Future Resident under any circumstances.

**11. GOVERNING LAW.** This Agreement is governed by the laws of the State of North Carolina.

**12. APPLICABILITY.** This Agreement is not a continuing care residency agreement.

**13. ACKNOWLEDGMENT OF RECEIPT OF DOCUMENTS.** Future Resident hereby acknowledges receiving an executed copy of this Agreement.

Executed this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
**FUTURE RESIDENT**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**FUTURE RESIDENT**

\_\_\_\_\_  
Date

**THE UNITED METHODIST  
RETIREMENT HOMES,  
INCORPORATED  
d/b/a Croasdaile Village Retirement  
Community**

By: \_\_\_\_\_  
Authorized Agent of UMRH

Approved this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

Priority No. \_\_\_\_\_

**Attachment: Exhibit A - Wait List Status Form**





2600 Croasdaile Farm Parkway  
Durham, NC 27705

## WAIT LIST STATUS FORM

<b>Priority Number:</b>
-------------------------

<b>Primary Applicant:</b> Title, First Name, Middle Name/Initial, Last Name	Preferred Name: _____  Date of birth: _____ /   /	Preferred Phone Number: _____  Email Address: _____
<b>Second Applicant, if applicable:</b> Title, First Name, Middle Name/Initial, Last Name	Preferred Name: _____  Date of birth: _____ /   /	Preferred Phone Number: _____  Email Address: _____
Address, City, State, Zip: _____		Additional Phone Number(s): _____
Name of Contact (if we cannot reach you): _____	<i>Relationship</i>	Contact's Phone Number: _____
Current Desired Residence Choices (only list choices you are interested in at this time, keeping in mind you can update these choices if your preferences change): _____ _____		
<b>Please Indicate Below Your Current Status on the Croasdaile Village Wait List:</b>		
[ _____ ] <b>READY</b> Status* - prepared to move within 3 months of the date desired residence is offered. <b>*Confidential Data Application financial form must also be submitted to be in Ready Status.</b>  <div style="text-align: right;">           Signature _____            Date _____         </div>		
[ _____ ] <b>FUTURE</b> Status – do not plan to move to Croasdaile Village for at least _____ years.  <div style="text-align: right;">           Signature _____            Date _____         </div>		

You may update your Wait List Status Form anytime by requesting a blank form from the marketing office.  
If you have any questions, please call the Croasdaile Village Marketing Office at (919) 384-2475.

**Croasdaile Village  
Confidential Data Application**

**APPLICANT #1**

**APPLICANT #2**

**Name:** \_\_\_\_\_  
*Last first middle*

**Name:** \_\_\_\_\_  
*Last first middle*

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

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

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**ASSETS**

<b>DESCRIPTION</b>	<b>APPLICANT #1</b>	<b>APPLICANT #2</b>	<b>TOTAL/COMBINED</b>
Value of Residence	\$ _____	\$ _____	\$ _____
Other Real Estate Value	\$ _____	\$ _____	\$ _____
Savings/CDs	\$ _____	\$ _____	\$ _____
Stocks/Bonds	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____
IRA/401k	\$ _____	\$ _____	\$ _____
Trusts	\$ _____	\$ _____	\$ _____
Checking Accounts	\$ _____	\$ _____	\$ _____
Other Assets (Total)	\$ _____	\$ _____	\$ _____

List: \_\_\_\_\_  
 \_\_\_\_\_

**Total Assets**                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_

**LIABILITIES**

Mortgage on Home/Real Estate	\$ _____	\$ _____	\$ _____
Other Debts (Total)	\$ _____	\$ _____	\$ _____
<b>Total Liabilities</b>	\$ _____	\$ _____	\$ _____

**NET WORTH**

**Total Assets *minus***  
**Total Liabilities**                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_

**Long Term Care Insurance**

Benefit Period (Years)	_____	_____
Elimination Period (Days)	_____	_____
Home Care Daily Benefits	\$ _____	\$ _____
Assisted Living Daily Benefits	\$ _____	\$ _____
Nursing Care Daily Benefits	\$ _____	\$ _____
Inflation Adjusted (Yes/No)	_____	_____
Annual Premium	\$ _____	\$ _____
Premium Inflation (%)	_____	_____

*Long Term Care  
Insurance is strongly  
recommended, but is  
not required.*

**P. 2 Croasdaile Village - Confidential Financial Statement**

**MONTHLY INCOME**

Social Security	\$ _____	\$ _____	\$ _____
Pension and/or Annuities	\$ _____	\$ _____	\$ _____
Interest/Dividend Income	\$ _____	\$ _____	\$ _____
IRA Distributions/RMDs	\$ _____	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	\$ _____
<b>Total Monthly Income</b>	\$ _____	\$ _____	\$ _____

**List Financial Institutions with whom you have accounts (banks, savings & loan, brokers, etc . . .):**

Name:	Mailing Address:	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MONTHLY EXPENSES**

Prescriptions & other medical costs	\$ _____	\$ _____	\$ _____
Meals and utilities that are not included in monthly resident fee	\$ _____	\$ _____	\$ _____
Travel and entertainment	\$ _____	\$ _____	\$ _____
Personal items and clothing	\$ _____	\$ _____	\$ _____
Automobile expenses	\$ _____	\$ _____	\$ _____
Insurance premiums	\$ _____	\$ _____	\$ _____
LTC insurance (if applicable)	\$ _____	\$ _____	\$ _____
Other (describe)	\$ _____	\$ _____	\$ _____
<b>Total Monthly Expenses</b>	\$ _____	\$ _____	\$ _____

I (we) certify that the information given on this Confidential Financial Statement is true and correct and may be relied upon as a basis for admission. I (we) give permission to The United Methodist Retirement Homes, Incorporated to verify the financial information contained in this Confidential Financial Statement for the purpose of processing my (our) Application for Residency. I (we) further authorize The United Methodist Retirement Homes, Incorporated to request additional information concerning my (our) finances.

\_\_\_\_\_  
Date Signature Applicant #1

\_\_\_\_\_  
Date Signature Applicant #2



Owned and operated by The United Methodist Retirement Homes, Inc.  
Managed by Life Care Services®