



**PRIORITY LIST APPLICATION**  
Lakewood Manor Baptist Retirement Community  
(A Ministry of Virginia Baptist Homes, Inc.)  
1900 Lauderdale Dr, Richmond, VA 23238 • 804/521-9100

**INSTRUCTIONS:** To submit your application, please complete this form, one application per person. Information on these forms shall be kept confidential. Please complete the application in its entirety. Thank you.

**Type of residence desired:** \_\_\_\_\_

1. Mr. ( ) Mrs. ( ) Dr. ( ) Miss ( ) \_\_\_\_\_
2. Name of Spouse \_\_\_\_\_ If deceased, date of death \_\_\_\_\_
3. Last Address: \_\_\_\_\_
4. Phone No. \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_
5. Marital Status \_\_\_\_\_
6. Do you own or rent your residence? \_\_\_\_ Own \_\_\_\_ Rent

**GENERAL INFORMATION:**

1. Does someone hold Power of Attorney for you? If so, please respond:  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_

NOTE: A copy of Power of Attorney is required at the time of entrance

**HEALTH INFORMATION:**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

1. Are you able to care for your daily personal needs? \_\_\_\_\_
2. Can you walk several hundred feet without assistance? \_\_\_\_\_
3. Have you had any surgery? \_\_\_\_\_ If yes, please state the reason for the surgery, when, and where it took place. An additional sheet may be used if necessary.  
\_\_\_\_\_  
\_\_\_\_\_

4. Please list all medications you take and their purpose:

<u>Medications:</u>	<u>Purpose:</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. Please explain any physical, medical, cognitive condition(s) which restrict your activities in any way: \_\_\_\_\_

**FINANCIAL INFORMATION:**

1. How much cash do you have on deposit? \_\_\_\_\_

2. Please list the investments in stocks, bonds and certificates of deposit.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please list the assessed and market value of any real estate owned: \_\_\_\_\_

\_\_\_\_\_

4. Please list any personal loans, notes, mortgages and any other outstanding debt:

\_\_\_\_\_  
\_\_\_\_\_

5. Please list your monthly regularly adjusted income and regular fixed income:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S CERTIFICATION:** I have answered the above questions to the best of my ability. I understand that I provided basic medical and financial information in order to join Lakewood's Priority List and that I will be asked to submit detailed information when offered a residence.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If assistance was given in completing this form, please complete the following regarding the person who provided assistance:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Relationship to Applicant: \_\_\_\_\_

