

# FRIENDS ADVANTAGE PROGRAM



Received: \_\_\_\_\_

Reviewed: \_\_\_\_\_

Priority #: \_\_\_\_\_

Applicant Name \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Applicant birthday \_\_\_\_\_ Co-applicant birthday \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

## FINANCIAL QUALIFICATIONS

Approximate net worth \_\_\_\_\_ Monthly income \_\_\_\_\_

I do \_\_\_ do not \_\_\_ have long-term care insurance. Approximate daily rate allowance \_\_\_\_\_

I/We are interested in the following floor plans:

### APARTMENT HOMES

- Azalea
- Birch
- Camellia
- Dogwood
- Elm

### GARDEN HOMES

- Holly
- Magnolia
- Maple
- Oak

I would like to be called about a home in \_\_\_\_\_  
Month Year

## APPLICANT AGREEMENT

I/We are interested in becoming a resident at The Village at Brookwood and would like to join the Friends Advantage Program. I have made application and submitted a \$1200 application fee. According to this agreement, \$200 of the application fee is non-refundable, and the remaining \$1000 will be credited towards my eventual move to The Village. Should I be unable or choose not to move to The Village, the \$1000 is fully refundable.

As a result of this agreement, I will receive a priority number that is assigned at the time of the application. This number reserves my place in line to gain an offer for the home(s) that I have chosen at or after the time period I designated on the application.

I understand that at the time of an offer to become a resident at The Village, I will complete and submit a Reservation Agreement and pay the Reservation Fee. The Reservation Fee shall equal ten percent (10%) of the Entrance Fee less the one thousand dollar (\$1,000) FAP fee. I will also be asked to submit an Application for Residency, provided by The Village, which includes a confidential personal and health history and a financial disclosure. The Village requires an onsite health assessment to be conducted by our healthcare team within thirty (30) days of the submission of the Reservation Agreement.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please be sure the Marketing Staff at The Village at Brookwood always has current information on how you can be reached. You may want to list an alternate contact, particularly if you have a second place of residence or travel a great deal.*

## ALTERNATE CONTACT INFORMATION

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Alternate phone \_\_\_\_\_

### PLEASE RETURN TO:

The Village at Brookwood  
Attn: Marketing Department  
1860 Brookwood Avenue  
Burlington, NC 27215

Phone: (336) 570-8440 • (800) 282-2053  
VillageAtBrookwood.org

**For use by The Village staff only**  
Please initial and date

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_