



**APPLICATION**

Of

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(Applicant)

And

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(Spouse\*)

For Admission to Residence at

**MONTE VISTA GROVE HOMES  
THE GROVE CAMPUS, LLC and EXTENDED CARE FACILITIES**

**2889 San Pasqual Street**

**Pasadena, CA 91107**

**Phone: (626) 796-6135**

**FAX: (626) 796-9753**

**www.mvgh.org**

**A senior community for  
Teaching Elders (Ministers), Missionaries, Certified Christian Educators,  
Certified Musician Associates, and  
Commissioned Ruling Elders of the PC(U.S.A.),  
and / or their spouses\***

**A Regional Ministry of the Synod of Southern California and Hawaii**

Member of 

*\*\*Spouse\*\* is defined as the person to whom a qualifying individual is legally married or is registered as a State of California Registered Domestic Partner (DP) at the time of admission to MVGH.*

**PERSONAL INFORMATION**

Full Name of Applicant: (Rev./Dr./Mr./Mrs./Miss/Ms.): \_\_\_\_\_

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

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

Telephone Number(s): Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Date of Marriage or Certificate of DP: \_\_\_\_\_

Widowed: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Remarried: \_\_\_\_\_

Ordination Date: \_\_\_\_\_ in the Presbytery of: \_\_\_\_\_

Current Presbytery: \_\_\_\_\_

Denomination/Board/Agency/Primarily Served: \_\_\_\_\_

Current Stated Clerk's Name: \_\_\_\_\_

Stated Clerk's phone: \_\_\_\_\_ Stated Clerk's email: \_\_\_\_\_

**SPOUSE/PARTNER:**

Full Name of Spouse/Partner: (Rev./Dr./Mr./Mrs./Miss/Ms.): \_\_\_\_\_

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

Telephone Number(s): Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**IF APPLICABLE:**

Ordination Date: \_\_\_\_\_ in the Presbytery of: \_\_\_\_\_

Current Presbytery: \_\_\_\_\_

Denomination/Board/Agency/Primarily Served: \_\_\_\_\_

Current Stated Clerk's Name: \_\_\_\_\_

Stated Clerk's phone: \_\_\_\_\_ Stated Clerk's email: \_\_\_\_\_

**EMERGENCY INFORMATION**

Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone Number(s): Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**ADDITIONAL INFORMATION**

Do you have Traditional Medicare? Yes  No

Do you have the Board of Pensions Medicare Supplement? Yes  No

Do you have Long Term Care Insurance? Yes  No

Do you intend to have a pet at MVGH? Yes  No

What year would you like to move to MVGH? \_\_\_\_\_

How did you learn about MVGH?

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I/We have received and reviewed the **MVGH Application for Residency Information**. I/We understand that applicants are offered residency based on availability and that as such, I/We cannot be guaranteed housing. I/We understand that this application is not complete unless accompanied by the required **Service Record**. I/We agree to comply with all requests for financial and medical information. I/We agree to conform to any amendments, modifications or changes that the MVGH Board of Trustees may hereafter deem necessary. I/We will keep MVGH informed of my/our current address and advise MVGH of any changes in employment, health and/or marital status. I/We attest that information provided is true and correct. I/We understand that the withholding or falsification of information may result in the disqualification of my/our application the forfeit of my/our application fee.

APPLICANT:

SPOUSE/PARTNER:

\_\_\_\_\_  
(PRINTED NAME)

\_\_\_\_\_  
(PRINTED NAME)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(DATE)

**APPLICATION FOR RESIDENCY REV 3/13 – Information provided is kept confidential.  
All application materials become the property of MVGH.**

**For Office Use Only:**

DATE APPLICATION RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_

DATE APPROVED BY RESIDENT RELATIONS: \_\_\_\_\_

DATE APPROVED BY MVGH BOARD OF TRUSTEES: \_\_\_\_\_

DATE PLACED ON THE WAITING LIST: \_\_\_\_\_ ACTIVE  or INACTIVE