



Kāhala Nui Application Check-List

CONFIDENTIAL DATA PROFILE:

- ☐ One form for each applicant
- ☐ Item #12: Name of Power of Attorney
 - Please provide name other than spouse
- ☐ Item #26: Primary Care Physician (PCP)
 - Please provide fax number
- ☐ How did you hear about Kāhala Nui? Please list source below:

FINANCIAL STATEMENT:

Joint holdings must be so noted

☐ ASSETS

Real Estate

- For Other Real Estate, please list address below:

Long Term Care Insurance (LTC) – provide summary pages

☐ LIABILITIES

☐ REGULAR MONTHLY INCOME

Please provide GROSS income for:

- Social Security
- Pension - also complete foot note (1)

AGREEMENT FOR FUTURE OCCUPANCY:

- ☐ Please remember to sign and date the back of the Agreement
- ☐ Please also list your apartment preferences #1 & #2
- ☐ Waitlist Deposit check payable to **Kāhala Nui**

BENEFITS AND PRICING WORKSHEET:

- ☐ Please choose (2) models for waitlist (see Daryn for worksheets)

