

APPLICATION FOR RESIDENCY

NAME(S)



Residency Planning Office

Apartments, Cottages,
Hybrid Homes and Suites

Phone: (717) 581-3935

Fax: (717) 581-3898

Email: residencyplanning@landis.org

Admissions Office

Healthcare, Memory Care
and Personal Care

Phone: (717) 381-3548

Fax: (717) 581-3996

Email: admissions@landis.org

A part of Landis Communities
partnering with LMC, formerly Lancaster Mennonite Conference
and Atlantic Coast Conference of the Mennonite Church



FINANCIAL STATEMENT

Applicant 1 _____ Date of birth: ___/___/___

Applicant 2 _____ Date of birth: ___/___/___

Please answer all questions: Within the past five (5) years, have you or your spouse closed, given away, sold or transferred any assets or a right to income? Yes No

If yes, please explain and include values: _____

Current Asset Values

	Joint	Applicant 1	Applicant 2
Cash, Checking & Savings	\$ _____	\$ _____	\$ _____
Certificates of deposit	\$ _____	\$ _____	\$ _____
Average interest rate	_____ %	_____ %	_____ %
Mutual funds & Stocks	\$ _____	\$ _____	\$ _____
Bonds	\$ _____	\$ _____	\$ _____
****Trust funds	\$ _____	\$ _____	\$ _____
Retirement accounts			
401 (k) and/or IRA value	_____	\$ _____	\$ _____
Annual distribution amount	_____	\$ _____	\$ _____
Roth IRA value	_____	\$ _____	\$ _____
Annual distribution amount	_____	\$ _____	\$ _____
Annuity value	_____	\$ _____	\$ _____
Amount of monthly payment	\$ _____	\$ _____	\$ _____
****Value of business	\$ _____	\$ _____	\$ _____
****Loan to others	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Specify: _____

****Please provide documentation of trust, loan agreement and/or appraisal of business value.

Liabilities

Credit card debt	\$ _____	\$ _____	\$ _____
*Other	\$ _____	\$ _____	\$ _____

*Specify: _____

<u>Monthly Income</u>	Applicant 1	What portion will remain for your spouse in the event of death?	Applicant 2	What portion will remain for your spouse in the event of death?
Social Security	\$ _____	_____ %	\$ _____	_____ %
Pension	\$ _____	_____ %	\$ _____	_____ %
*Other	\$ _____	_____ %	\$ _____	_____ %

*Specify: _____

Description of Real Estate Address (street/city/state/zip)	Name(s) under which residence is deeded	Remaining Mortgage	Fair Market Value	Monthly Rental Income
		\$ _____	\$ _____	\$ _____



INSURANCE INFORMATION	Applicant 1	Applicant 2
Medicare number		
If not original Medicare, name of plan		
Plan number		
Annual premium	\$	\$
Supplemental , name of plan		
Plan number		
Annual premium	\$	\$
Prescription drugs , name of plan		
Plan number		
Annual premium	\$	\$
Life insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Face value (death benefit)	\$	\$
Cash surrender value	\$	\$
Beneficiaries		
Annual premium	\$	\$
Long-term care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Effective date of coverage	/ /	/ /
Benefit period (years)		
Elimination period (days)		
Home Care – Current Daily benefit	\$	\$
Personal Care – Current Daily benefit	\$	\$
Nursing Care – Current Daily benefit	\$	\$
Inflation rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual premium	\$	\$
<i>(Please provide a copy of Long-term care insurance policy schedule)</i>		
Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible or do you receive benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is funeral (burial/cremation) prepaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a burial space?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I/we own the resources (assets & income) and they are available for payment of services I/we may receive at Landis Homes. The assets of married couples are enjoined in accordance with state and federal law. I/we certify the information to be true and correct and authorize Landis Homes to research any information for verification. I/we understand that Landis Homes may request proof of financial status. I/we understand that this application expresses interest in becoming resident(s) and is submitted to be placed on file. All information will be held in strict confidence.

Signature of applicant 1

Signature of person completing application,
if other than applicant(s)

Signature of applicant 2

_____/_____/_____
Date