

FOR INTERNAL USE

Application Received ____/____/____
Initial _____

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



ACCOMMODATION(S) DESIRED

Residential Living

Type: ☐ Apartment ☐ Cottage ☐ Hybrid Home (Type ____)
Size: ☐ Studio ☐ 1 Bedroom ☐ 2 Bedroom ☐ 2 Bedroom Den/Sunroom
Location: ☐ Grandview, Kirkview or Westview Apartment ☐ Harvest View Apartment
☐ Crossings Apartment ☐ East Cottage or West Cottage ☐ South Cottage or Hybrid Home

Residential Living Suites ☐ Standard ☐ Large ☐ Apartment Style

Personal Care ☐ Standard ☐ Large ☐ Apartment Style ☐ Memory Care

Healthcare

Nursing Care: ☐ Private ☐ Private with Shared Bath

Memory Care: ☐ Private ☐ Private with Shared Bath

Applicant 1 _____ Home phone _____

Address (street/city/state/zip) _____

Cell Phone _____ Email _____

Marital status: ☐ divorced ☐ married ☐ never married ☐ separated ☐ widowed

Preferred Funeral Director _____ Phone _____

Religious affiliation (optional) _____

Applicant 2 _____

Cell Phone _____ Email _____

Preferred Funeral Director _____ Phone _____

Religious affiliation (optional) _____

Persons (spouse, children or friend) to be contacted if unable to get in touch with applicant:

Name	Address (street/city/state/zip)	Phone # (with area code)
<input type="checkbox"/> 1. Relationship:	Email:	Home: Work: Cell:
<input type="checkbox"/> 2. Relationship:	Email:	Home: Work: Cell:

If someone other than the applicant(s) should be contacted, place a check mark in the box next to the person's name.

It is the policy of Landis Communities to screen all prospect residents against the applicable Megan's Law websites.
Landis Homes reserves the right to deny residency to anyone found listed on state and federal Megan's Law websites.

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