

Application Received \_\_\_/\_\_\_/\_\_\_

Initials \_\_\_\_\_



## APPLICATION FOR RESIDENCY

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NAME(S)

**Residency Planning Office**

Apartments, Cottages, Hybrid  
Homes and Suites

**Phone:** (717) 581-3935

**Email:** residencyplanning@landis.org

**Admissions Office**

Healthcare, Memory Care  
And Personal Care

**Phone:** (717) 381-3548

**Fax:** (717) 581-3996

**Email:** admissions@landis.org

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



## ACCOMMODATION(S) DESIRED

### Residential Living

- Apartment
- Cottage
- Hybrid Home
- Suite

### Personal Care

- Standard
- Large
- Apartment-Style
- Memory Care

### Healthcare

- Nursing Care: Private
- Nursing Care: Private w/ Shared Bath
- Memory Care: Private
- Memory Care: Private w/ Shared Bath

**Applicant 1** \_\_\_\_\_ Home phone \_\_\_\_\_

Address (street/city/state/zip) \_\_\_\_\_

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

Marital status:  divorced  married  never married  separated  widowed

**Applicant 2** \_\_\_\_\_ Home phone \_\_\_\_\_

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

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

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

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 prospective 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 the 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: \_\_\_\_\_

**CURRENT ASSET VALUES**

|                            | Joint    | Applicant 1 | Applicant 2 |
|----------------------------|----------|-------------|-------------|
| Cash, Checking & Savings   | \$ _____ | \$ _____    | \$ _____    |
| Certificates of Deposit    | \$ _____ | \$ _____    | \$ _____    |
| Mutual Funds & Stocks      | \$ _____ | \$ _____    | \$ _____    |
| Bonds                      | \$ _____ | \$ _____    | \$ _____    |
| **** Trust funds           | \$ _____ | \$ _____    | \$ _____    |
| <b>Retirement Accounts</b> |          |             |             |
| 401 (k) and/or ITA value   |          | \$ _____    | \$ _____    |
| Annual distribution amount |          | \$ _____    | \$ _____    |
| Roth IRA value             |          | \$ _____    | \$ _____    |
| Annual distribution amount |          | \$ _____    | \$ _____    |
| **** Value of business     | \$ _____ | \$ _____    | \$ _____    |
| **** Loans to others       | \$ _____ | \$ _____    | \$ _____    |
| Other                      | \$ _____ | \$ _____    | \$ _____    |

\*Specify: \_\_\_\_\_

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

**LIABILITIES**

|                  | Joint    | Applicant 1 | Applicant 2 |
|------------------|----------|-------------|-------------|
| Credit card debt | \$ _____ | \$ _____    | \$ _____    |
| *Other           | \$ _____ | \$ _____    | \$ _____    |

\*Specify: \_\_\_\_\_

**MONTHLY INCOME**

|                 | Applicant 1 | What portion will<br>Remain for your spouse<br>In the event of death? | Applicant 2 | What portion will<br>Remain for your spouse<br>In the event of death? |
|-----------------|-------------|---|-------------|---|
| Social Security | \$ _____    | \$ _____  | \$ _____    | \$ _____  |
| Pension         | \$ _____    | \$ _____  | \$ _____    | \$ _____  |
| *Other          | \$ _____    | \$ _____  | \$ _____    | \$ _____  |

\*Specify: \_\_\_\_\_

| DESCRIPTION OF REAL ESTATE<br>Address (street/city/state/zip) | Name(s) under which<br>residence is deeded | Remaining<br>Mortgage | Fair Market<br>Value |  |
|---|--|-----------------------|----------------------|--|
|   |  |                       |                      |  |
|   |  |                       |                      |  |

## FINANCIAL STATEMENT *continued*

|   | Applicant 1  | Applicant 2  |
|---|--|--|
| <b>Life insurance</b>   | <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  | \$   | \$   |
| <b>Long-term care insurance</b>                                     | <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)   |  |  |
| Nursing Care – Current Daily benefit                                | \$   | \$   |
| Personal Care – Current Daily benefit                               | \$   | \$   |
| Home Care – Current Daily benefit                                   | \$   | \$   |
| Inflation rider   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Annual premium  | \$   | \$   |
| (Please provide a copy of Long-term care insurance policy schedule) |  |  |
| <b>Is the funeral (burial/cremation) prepaid?</b>                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Do you have burial space?</b>                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Veteran?</b>   | <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 |

**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 that 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 the application, if other than applicant(s)

\_\_\_\_\_  
Signature of Applicant 2

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

