

Application Received ____/____/____

Initials ____



APPLICATION FOR RESIDENCY

NAME(S)

Applications should be sent to the attention of Residency Planning for Residential Living and the Admissions Office for the Healthcare, Memory Care and Personal Care. Separate lists are maintained for Residential Living and for the licensed care areas.

Residency Planning Office

Apartments, Cottages, Hybrid
Homes and Suites

Phone: (717) 581-3817

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 _____

For Two Applicants: Does 100% of all individually held assets pass to the surviving applicant listed above?

Yes ☐ No ☐ If no, please provide legal documentation of how assets are distributed.

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. _____ Relationship: _____		Home: _____ Work: _____ Cell: _____ Email: _____
<input type="checkbox"/> 2. _____ Relationship: _____		Home: _____ Work: _____ Cell: _____ 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	\$ _____	\$ _____	\$ _____
Retirement Accounts			
401 (k) and/or IRA 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 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	

FINANCIAL STATEMENT *continued*

	Applicant 1	Applicant 2
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 insurance	<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)		
Is the funeral (burial/cremation) prepaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have burial space?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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

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

