



# RESIDENTIAL LIVING

## Application for Residency

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NAME(S)

Applications should be sent to the attention of Residency Planning for **Residential Living**.

**Residency Planning Office**

Apartments, Cottages, Hybrid Homes and Suites

**Phone:** (717) 581-3817

**Email:** [residencyplanning@landis.org](mailto:residencyplanning@landis.org)

Applications for Personal Care, Dementia Support, or Healthcare should be obtained and sent to the Director of Admissions. Contact 717-381-3548 for more information.

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



**APPLICANT INFORMATION:**

**Applicant 1** \_\_\_\_\_ Email \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital status:  divorced  married  never married  separated  widowed

**Applicant 2** \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**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.

Within the past five (5) years, have you or your spouse, closed, given away, sold, transferred any assets or a right to income?

**Yes**  **No** If yes, please explain: \_\_\_\_\_

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"/> _____  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.*

All applicants are screened against applicable sex offender registries.  
Landis Homes reserves the right to deny residency to any individual listed on these registries.

## FINANCIAL STATEMENT

Applicant 1 \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant 2 \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### CURRENT ASSET VALUES

	Joint	Applicant 1	Applicant 2
Cash, Checking & Savings	\$ _____	\$ _____	\$ _____
Certificates of Deposit	\$ _____	\$ _____	\$ _____
Mutual Funds, Stocks, Bonds	\$ _____	\$ _____	\$ _____
401(k), 403(b), or IRA Value	\$ _____	\$ _____	\$ _____
<i>Annual Distribution Amount</i>	\$ _____	\$ _____	\$ _____
Roth IRA value		\$ _____	\$ _____
<i>Annual Distribution Amount</i>		\$ _____	\$ _____
Annuities*	\$ _____	\$ _____	\$ _____
<i>Annual Distribution Amount</i>	\$ _____	\$ _____	\$ _____
Trust Funds	\$ _____	\$ _____	\$ _____
Appraised Business Value	\$ _____	\$ _____	\$ _____
Loans to others**	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Specify Other: \_\_\_\_\_

\*Is full annuity value available?     Yes     No      Annuity start date: \_\_\_\_\_

\*\*Is the loan you made to others repayable on demand?     Yes     No      Full repayment date: \_\_\_\_\_

*Provide documentation of trust, loan agreement and/or appraised business value.*

### LIABILITIES

	Joint	Applicant 1	Applicant 2
Credit card debt	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Specify Other: \_\_\_\_\_

<u>MONTHLY INCOME</u>		Applicant 1	Applicant 2	
<i>*Provide Net amount</i>				
Present Social Security (SS)				
Age / Year you will take SS if you haven't already done so	Age: _____ Year: _____		Age: _____ Year: _____	
Projected Social Security*				
If still working, what is your monthly income?				
Pension				
Other income**				

\*To find out more about your social security benefits, go to: <https://www.ssa.gov/benefits/calculators/>

\*\*Specify other income: \_\_\_\_\_

## FINANCIAL STATEMENT *continued*

DESCRIPTION OF REAL ESTATE Address (street/city/state/zip)	Name(s) under which residence is deeded	Remaining Mortgage	Fair Market Value	For Rentals, Monthly Income

	<b>Applicant 1</b>	<b>Applicant 2</b>
<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	\$	\$
Annual premium	\$	\$
Beneficiaries		

<b>Long-term care insurance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**If yes, you must include a copy of your policy and declaration page that outlines your policy benefits.**

<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 the information provided 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

