



RESIDENTIAL LIVING

Application for Residency

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

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: _____			

MONTHLY INCOME	Applicant 1	What portion will remain for your spouse in the event of your death?	Applicant 2	What portion will remain for your spouse in the event of your death?
*Provide Net amount				
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

	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	\$	\$
Annual premium	\$	\$
Beneficiaries		
Long-term care insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, you must include a copy of your policy and declaration page that outlines your policy benefits.

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 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)

____ / ____ / ____
Date

Signature of Applicant 2

