FOR INTERNAL USE

Application Received ___/___/_____

Initials _____

Landis Homes

Enriching Lives, Together

Healthcare, Dementia Care and Personal Care

Application for Residency

_____

_____

NAME(S)

Admissions Office

Healthcare, Dementia Care and Personal Care

Phone: (717) 381-3548

Email: admissions@landis.org

Please mail completed application to:

Admissions Office at Landis Homes

1001 E. Oregon Rd, Lititz PA 17543

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

MHS LeadingAge PA Aspire to Excellence carf Accredited LeadingAge Anabaptist Providers Group

APPLICANT INFORMATION:

Applicant 1 _____ Cell phone _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone _____ Email _____

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

Applicant 2 _____ Cell phone _____

Home 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 with applicant:

Name	**Address** (street/city/state/zip	**Phone** # (with area code)
☐_____ 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.

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: _____

_____

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	$ _____	$ _____	$ _____
Annual Distribution Amount	$ _____	$ _____	$ _____
Roth IRA value		$ _____	$ _____
Annual Distribution Amount		$ _____	$ _____
Annuities	$ _____	$ _____	$ _____
Annual Distribution Amount	$ _____	$ _____	$ _____
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:** _____

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?**
Present Social Security				
Age/year you will take Social Security if you haven't already done so.				
Projected Social Security*				
If still working, what is your monthly income?				
Pension				
Other income**				

*To find out more about your social security go to: https://www.ssa.gov/myaccount/

**Specify other income: _____

**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	☐ Yes ☐ No	☐ Yes ☐ No
Face value (death benefit)	**$**	**$**
Cash surrender value	**$**	**$**
Beneficiaries		
Annual premium	**$**	**$**

Long-term care insurance	☐ Yes ☐ No	☐ Yes ☐ No

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

Is the funeral (burial/cremation) prepaid?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have burial space?	☐ Yes ☐ No	☐ Yes ☐ No
Veteran?	☐ Yes ☐ No	☐ Yes ☐ No
Are you eligible or do you receive benefits?	☐ Yes ☐ No	☐ Yes ☐ 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**

EQUAL HOUSING OPPORTUNITY