

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

Initials \_\_\_\_\_

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# ***Healthcare, Dementia Care and Personal Care*** **Application for Residency**

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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*



**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)
<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.

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 *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
<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
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**If yes, you must include a copy of your policy or 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 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**

