



RESIDENTIAL LIVING

Application for Residency

NAME(S)

APPLICATION SUBMISSION & FEES

Completed applications should be sent to the attention of **Residency Planning**, along with the required fees listed below. Fees are assessed per household, not per individual applicant.

\$250 Application Processing Fee

Non-refundable; refunded if financial qualifications are not met.

\$1,000 General Membership Deposit

Refundable; otherwise will be applied toward future Reservation Deposit

Checks are payable to **Landis Homes**.

Applications will be dated upon receipt of the completed application and payment totaling \$1,250.

Applications for Personal Care, Dementia Support, or Healthcare should be obtained from 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 Mennonite Church USA



Residency Planning Office | (717) 381-3552 | residencyplanning@landis.org

1001 East Oregon Road Lititz, Pennsylvania 17543-9205 | LandisHomes.org

APPLICATION FOR RESIDENCY | Page 1 of 4

APPLICANT INFORMATION

Applicant 1 _____ Date of birth: ____ / ____ / ____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

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

Applicant 2 _____ Date of birth: ____ / ____ / ____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Have either Applicant ever been employed full-time by Landis Communities or Landis Homes?

☐ **Yes** ☐ **No** If yes, who? _____

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: _____

Person (spouse, child, or friend) to be contacted if unable to get in touch with applicant:

☐ *Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

****If this person should be contacted instead of Applicant(s), check box next to their 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

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 For annuities, please complete the enclosed Supplemental Annuity Worksheet page for each annuity.			
<i>Enter totals of all Annuities:</i>	\$ _____	\$ _____	\$ _____

Supporting documentation must be attached for any Trust, Appraised Business Value, and/or Loan Agreement.

Trust Funds	\$ _____	\$ _____	\$ _____
Appraised Business Value	\$ _____	\$ _____	\$ _____
Loans to others	\$ _____	\$ _____	\$ _____
Is the loan you made to others repayable on demand? ☐ Yes ☐ No Full repayment date: _____			
Other	\$ _____	\$ _____	\$ _____
Specify Other: _____			

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?
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				

Specify Other Income: _____

*To learn more about your Social Security benefits, visit: <https://www.ssa.gov/benefits/calculators/>

FINANCIAL STATEMENT *continued*

REAL ESTATE OWNED				
Address (street/city/state/zip)	Name(s) under which residence is deeded	Remaining Mortgage	Fair Market Value	For Rentals: Monthly Income
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

LIFE INSURANCE	Applicant 1	Applicant 2
Policyholder	☐ Yes ☐ No	☐ Yes ☐ No
Face value (death benefit)	\$	\$
Cash surrender value	\$	\$
Beneficiaries		
Annual premium	\$	\$

LONG-TERM CARE INSURANCE	Applicant 1	Applicant 2
Policyholder	☐ Yes* ☐ No	☐ Yes* ☐ No
If Yes, name of Insurer: _____		
*Must attach copy of Long-Term Care policy or Summary of Benefits		

	Applicant 1	Applicant 2
Are funeral (burial/cremation) services prepaid?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have burial space?	☐ Yes ☐ No	☐ Yes ☐ No
Are you a Veteran?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, 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 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



SUPPLEMENTAL WORKSHEET: ANNUITY INFORMATION

Complete this worksheet only if you have one or more annuities. Provide information for each annuity you own and attach a current statement for each annuity. For more than six annuities, make additional copies.

ANNUITY # 1

Insurance Co: _____ Annuity Owner(s): _____

Beneficiary(ies): _____

Current Annuity Value: \$ _____ Current Cash Surrender Value*: \$ _____

Please use the cash surrender value shown on your most recent annuity statement. This is generally the amount available if the annuity were surrendered today.* **Copy of statement is attached ☐

Is there currently a surrender charge or penalty for withdrawing funds? ☐ Yes ☐ No

If Yes, **Amount** \$ _____ OR _____% Date the surrender charge/penalty expires: ____/____/____

Is this annuity currently providing income? ☐ Yes ☐ No If Yes, **Amount:** \$ _____

Frequency: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually ☐ Other: _____

ANNUITY # 2

Insurance Co: _____ Annuity Owner(s): _____

Beneficiary(ies): _____

Current Annuity Value: \$ _____ Current Cash Surrender Value*: \$ _____

Please use the cash surrender value shown on your most recent annuity statement. This is generally the amount available if the annuity were surrendered today.* **Copy of statement is attached ☐

Is there currently a surrender charge or penalty for withdrawing funds? ☐ Yes ☐ No

If Yes, **Amount** \$ _____ OR _____% Date the surrender charge/penalty expires: ____/____/____

Is this annuity currently providing income? ☐ Yes ☐ No If Yes, **Amount:** \$ _____

Frequency: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually ☐ Other: _____

ANNUITY # 3

Insurance Co: _____ Annuity Owner(s): _____

Beneficiary(ies): _____

Current Annuity Value: \$ _____ Current Cash Surrender Value*: \$ _____

Please use the cash surrender value shown on your most recent annuity statement. This is generally the amount available if the annuity were surrendered today.* **Copy of statement is attached ☐

Is there currently a surrender charge or penalty for withdrawing funds? ☐ Yes ☐ No

If Yes, **Amount** \$ _____ OR _____% Date the surrender charge/penalty expires: ____/____/____

Is this annuity currently providing income? ☐ Yes ☐ No If Yes, **Amount:** \$ _____

Frequency: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually ☐ Other: _____

SUPPLEMENTAL WORKSHEET: ANNUITY INFORMATION *continued*

ANNUITY # 4

Insurance Co: _____ Annuity Owner(s): _____

Beneficiary(ies): _____

Current Annuity Value: \$ _____ Current Cash Surrender Value*: \$ _____

Please use the cash surrender value shown on your most recent annuity statement. This is generally the amount available if the annuity were surrendered today.* **Copy of statement is attached ☐

Is there currently a surrender charge or penalty for withdrawing funds? ☐ Yes ☐ No

If Yes, **Amount** \$ _____ OR _____% Date the surrender charge/penalty expires: ____ / ____ / ____

Is this annuity currently providing income? ☐ Yes ☐ No If Yes, **Amount:** \$ _____

Frequency: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually ☐ Other: _____

ANNUITY # 5

Insurance Co: _____ Annuity Owner(s): _____

Beneficiary(ies): _____

Current Annuity Value: \$ _____ Current Cash Surrender Value*: \$ _____

Please use the cash surrender value shown on your most recent annuity statement. This is generally the amount available if the annuity were surrendered today.* **Copy of statement is attached ☐

Is there currently a surrender charge or penalty for withdrawing funds? ☐ Yes ☐ No

If Yes, **Amount** \$ _____ OR _____% Date the surrender charge/penalty expires: ____ / ____ / ____

Is this annuity currently providing income? ☐ Yes ☐ No If Yes, **Amount:** \$ _____

Frequency: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually ☐ Other: _____

ANNUITY # 6

Insurance Co: _____ Annuity Owner(s): _____

Beneficiary(ies): _____

Current Annuity Value: \$ _____ Current Cash Surrender Value*: \$ _____

Please use the cash surrender value shown on your most recent annuity statement. This is generally the amount available if the annuity were surrendered today.* **Copy of statement is attached ☐

Is there currently a surrender charge or penalty for withdrawing funds? ☐ Yes ☐ No

If Yes, **Amount** \$ _____ OR _____% Date the surrender charge/penalty expires: ____ / ____ / ____

Is this annuity currently providing income? ☐ Yes ☐ No If Yes, **Amount:** \$ _____

Frequency: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually ☐ Other: _____