



1001 East Oregon Road
 Lititz, PA 17543-9206
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 Fax: (717) 581-3898
 www.landishomes.org

APPLICATION FOR RESIDENCY

ACCOMMODATIONS DESIRED

Residential Living

Apartment _____
 Cottage _____

Residential Suites

Standard _____
 Large _____

Assisted Living

Personal Care _____
 Memory Loss _____

Healthcare

Nursing Care _____
 Memory Loss _____

If residential living, indicate size: Studio (apartment only) _____ One bedroom _____ Two bedroom _____

PERSONAL DATA

Name of applicant _____ Telephone _____

Address (street/city/state/zip): _____

Share residence with: _____

Place of birth (township/county/state) _____ Date of birth ____/____/____ Age _____

Marital status: never married _____ married _____ widowed _____ divorced _____

Spouse's name _____ If deceased, date of death ____/____/____

If appointed, Power of Attorney _____ Telephone _____

Address _____ Relationship _____

Persons (spouse, children or significant other) to be contacted if unable to get in touch with applicant:

Name	Relationship	Address (street/city/state/zip)	Telephone (with Area Code)
<input type="checkbox"/> 1.		Email:	Home: Work: Mobile:
<input type="checkbox"/> 2.		Email:	Home: Work: Mobile:
<input type="checkbox"/> 3.		Email:	Home: Work: Mobile:

The applicant will be contacted when the desired accomodation is available. If someone other than the applicant should be contacted, place a check mark in the box next to the person's name.

OPTIONAL INFORMATION

Preferred Funeral Director _____ Telephone _____

Is burial pre-paid? Yes _____ No _____ Do you have a burial space? Yes _____ No _____

Religious affiliation: _____ Specific congregation: _____

Minister, Priest or Rabbi _____ Telephone _____

FINANCIAL STATEMENT (Please answer all questions) Have you assigned and/or transferred any assets for less than fair market value within the last five (5) years? Yes _____ No _____
 If yes, please explain (include value of assets): _____

Assets *Please indicate whether Joint (J) or Individual (I)

Checking, Savings &
 Certificates of deposit * _____ \$ _____
 Mutual funds, Stocks & Bonds * _____ \$ _____
 Trust funds * _____ \$ _____
 Revocable annuities * _____ \$ _____
 Retirement fund (IRA) * _____ \$ _____
 Value of business * _____ \$ _____
 Loan to others * _____ \$ _____
 Other (Specify): _____ \$ _____
TOTAL ASSETS \$ _____

Applicant's Monthly Income

Social Security \$ _____
 Pensions \$ _____
 Annuities \$ _____
 Dividends & interest \$ _____
 Revocable annuities * _____ \$ _____
 Rental income \$ _____
 Other (Specify): \$ _____
TOTAL (Monthly Income) \$ _____

Liabilities

Credit card debt \$ _____
 Notes payable \$ _____
 Other (Specify): \$ _____
TOTAL LIABILITIES \$ _____

Description of Real Estate

Property & Location	Date Acquired (Approx.)	Purchase Price (Approx.)	Remaining Mortgage	Fair Market Value
1.		\$	\$	\$
2.		\$	\$	\$

INSURANCE INFORMATION

Do you have life insurance? Yes _____ No _____ Cash value \$ _____
 Do you have long-term care insurance? Yes _____ No _____ Company: _____
 Benefit Period: _____ Daily benefit: \$ _____
 (Please attach a copy of the long-term care insurance policy schedule)

Medicare insurance plan _____ ID # _____

I own the above assets and they are available for payment of services I may receive at Landis Homes.

I certify the above information to be true and correct and authorize Landis Homes to research any above information for verification. I understand that Landis Homes may request proof of financial status.

I understand that this application is not binding on Landis Homes or me. It simply expresses my interest in becoming a resident and submitted to be placed on file; all information is held in strict confidence.

 Signature of applicant

 Signature of person completing application,
 if other than applicant

 Date

