

2001 Harrisburg Pike Lancaster PA 17601 (717) 390-4103 \* Fax (717) 391-3609

Date:	
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## APPLICATION FOR RESIDENCY AT WOODCREST VILLA - a Mennonite Home Community

Please note Woodcrest Villa requires a \$300 non-refundable application fee.

This fee will be applied to the entrance fee upon move-in.

Payment should be made to "Mennonite Home Communities" and submitted with application to Woodcrest Villa.

Apartmo	ent Studio	Vil	la2	bedroom
	1 bedroom			bedroom/den
	1 bedroom			·
	2 bedroom			
	2 bedroom	n/den		Desired Total Square Footage
		Desired Date	e of Reside	ncy
		all questions as comple ation is held in strict con		curately as possible. Confidentiality is very
		FAMILY	HISTORY	
ı	Full Name		Ho	ome Telephone
S	Street			
				Zip
(	Cell Phone	E-r	mail	
I	Date of Birth/_			
ſ	Married If so, A	nniversary Date	<del></del>	
Ç	Single Divorce	ed Widowed	If so, o	date of Spouse's death
ſ	Full Name of Spouse			
I	List your children:			
NIo voo o		0 d d vo co		Tolombono
Name		Address		Telephone

## **HEALTH INFORMATION**

ocial Security Number	Medicare Number	Part A B D
Medicare Advantage Plan		
ealth Insurance Company		
	PERSONAL HISTORY	
What was your profession, tr	rade or occupation?	
Are you retired? If so, from w	/here?	
Do you still work? If so, wher	e?	
What are your hobbies/intere	ests?	
List any family or friends that	currently live or work at Woodcrest Villa	a
What are your expectations of	of a retirement community?	
What would you hope to con	tribute to Woodcrest Villa as a resident?	
Do you plan to bring a pet? _	If so, what kind?	Age of pet?
Have you ever been a resider facility? If so, wher	nt in any Retirement Community, mental	
Have you appointed a Durabl	le Power of Attorney? Yes No	
If yes, who?		
(*We require all residents to	appoint a Durable Power of Attorney pri	or to moving in*)
Have you lived in Pennsylvan	ia the last 12 months? Yes No	
If not, where else have you li	ved?	

Woodcrest Villa is a non-smoking campus.

W	OODCREST VILLA	A FINANCIAL	STATEMENT			
Please indicate if this is a join	nt financial state	ment or of ar	individual.	Joint	_ Individual	
**Financial statements to ver						
<u>interested i</u>	in moving to Wo	odcrest Villa	within the next 6	months *	<u>*</u>	
Please answer all questions as		-	possible. Confide strict confidence.	-	very important to us	
Do you have assets in a Revocab	ole Trust?			Yes	No	
Do you have assets in an Irrevoc				Yes	No	
·						
Within the past five years, have	you or your spot	use:				
<ul> <li>Transferred or gifted: rea</li> </ul>		obiles, monet	ary gifts, bank acc	counts, sto	cks/bonds, life	
insurance or other asset						
<ul> <li>Sold real estate, automo</li> </ul>	biles or other as:	sets at less th	an Fair Market Va	alue?		
Yes No (please ch	ack and If yes a	what and who	nn2			
163 NO (piease ci	ieck one, ii yes, v	Wilat allu Wile	=111:			
ASSETS			SOURCE	OF INCOM	1E	
			(M	ONTHLY -	NET)	
Cash			cial Security			
Checking			ensions			
Savings		_	Dividends and Interest			
Money Market Account		Re	Required Minimum Distribution			
Certificates of Deposit		Ot	her Income			
Real Estate Owned – See Below		тс	TAL MONTHLY IN	NCOME		
Stocks, Securities, and Bonds						
IRA	LIABILITIES				S	
401K Notes Payable						
Annuities Mortgages Payable						
Trust Account Credit Card Debt						
Other Assets			ir Loan			
		_	her Debts			
TOTAL ASSETS AVAILABLE			OTAL LIABILITIES			
	REA	L ESTATE OW	/NED			
	(Place an aster	risk (*) by prir	mary residence)			
Location		Cost	Mar	ket Value		
	//					
	//					
	MISCELLAI	NEOUS FINAI	NCIAL DATA			
Life Insurance? Yes	No	Value	Whole Life?			
Long Term Care Insurance?					Carrier	
Prepaid Burial Fund? Yes	No	Value	Location			
-   =   100	- · · · ·					

## SIGNATURE REQUIRED ON THIS PAGE

## **SIGNATURES**

I hereby certify that the above information is correct and complete to the best of my knowledge. I understand that any misrepresentation could result in the forfeiture of my application or status as a resident of Mennonite Home Communities. I understand that this application does not obligate Mennonite Home Communities in any way and is submitted to be placed on file and that the above information is strictly confidential.

I understand that it is the policy of Mennonite Home Communities to screen all incoming potential residents against the applicable Megan's Law websites to ensure that Mennonite Home Communities is not providing admission to any person who is registered as a "sexually violent predator" or "sexual offender." In addition, Mennonite Home Communities also conducts a criminal background check of all incoming potential residents. Mennonite Home Communities reserves the right to deny admission to anyone found listed on federal and state Megan's Law websites or with a criminal record.

Date

Signed

Jigi ica			Date	
Applican	t or Power of Attorney or I	Responsible Party		
SUAL INCOMO OPPORTUNITY				
	FOR WOODCREST VI	LLA ADMINISTRATIVE US	E ONLY	
Date application receive	ed/ Senior Living Counselo	r		
Waiting List date				
Chief Financial Officer F	Review/Date			
Accepted	Not Accepted	Reason		
Megan's Law check		Criminal background chec	:k	
Progress Notes:				
Revised 3/30/22				