



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

Date: \_\_\_\_\_

**APPLICATION FOR RESIDENCY AT WOODCREST VILLA - a Mennonite Home Community**

**Please note Woodcrest Villa requires a \$300 non-refundable application fee to be placed on the Waiting List.  
 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.**

**Accommodations Desired**

Apartment \_\_\_\_\_ Studio \_\_\_\_\_ Villa \_\_\_\_\_ 2 bedroom \_\_\_\_\_  
 \_\_\_\_\_ 1 bedroom \_\_\_\_\_ 2 bedroom/den \_\_\_\_\_  
 \_\_\_\_\_ 1 bedroom/den \_\_\_\_\_  
 \_\_\_\_\_ 2 bedroom \_\_\_\_\_ Desired Total Square Footage \_\_\_\_\_

**Desired Date of Residency**

\_\_\_\_\_

We ask that you please answer all questions as completely and accurately as possible. Confidentiality is very important to us and all information is held in strict confidence.

**FAMILY HISTORY**

Full Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Married \_\_\_\_\_ If so, Anniversary Date \_\_\_\_\_  
 Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Full Name of Spouse \_\_\_\_\_

List your children:

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**HEALTH INFORMATION**

**(Please note: We strongly encourage all residents to select a local physician prior to moving in, in case of emergency.)**

Physician Name/Practice \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 Hospital of preference: \_\_\_\_\_  
 Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Medicare Number \_\_\_\_\_ Part A \_\_ B \_\_ D \_\_  
 Medicare Advantage Plan \_\_\_\_\_  
 Health Insurance Company \_\_\_\_\_

**PERSONAL HISTORY**

What was your profession, trade or occupation prior to retirement?

\_\_\_\_\_

Company from which you retired? \_\_\_\_\_

Are you still employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, where? \_\_\_\_\_

Have you ever served in the military? If yes, Branch \_\_\_\_\_ Rank \_\_\_\_\_

Date Left Service/Retired? \_\_\_\_\_

Please list any fraternal, social, and professional organizations you are/were involved with \_\_\_\_\_

\_\_\_\_\_

List civil/community services in which you have participated \_\_\_\_\_

\_\_\_\_\_

List your hobbies/interests \_\_\_\_\_

List any family or friends who currently live or work at Woodcrest Villa \_\_\_\_\_

\_\_\_\_\_

What are your expectations of a retirement community? \_\_\_\_\_

\_\_\_\_\_

What would you hope to contribute to Woodcrest Villa as a resident? \_\_\_\_\_

\_\_\_\_\_

Do you plan to bring a pet? \_\_\_\_\_ If so, what kind? \_\_\_\_\_ Age of pet? \_\_\_\_\_

Preferred Funeral Director \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_

Religious Affiliation (optional, not required) \_\_\_\_\_

Have you appointed a \*Durable Power of Attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Name \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

(\*We require all residents to appoint a Durable Power of Attorney prior to moving in\*)

In the event of an emergency please contact \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

Have you lived in Pennsylvania the last 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Woodcrest Villa is a non-smoking campus.

## WOODCREST VILLA FINANCIAL STATEMENT

**\*\*Current financial statements to verify assets listed must be submitted with this application if you are interested in moving to Woodcrest Villa within the next 6 months \*\***

Please answer all questions as completely and accurately as possible.  
Confidentiality is very important to us and all information is held in strict confidence.

Please indicate if this is a joint financial statement of a couple or of an individual.  
Joint \_\_\_\_\_ Individual \_\_\_\_\_

Have you disposed of any property, real or personal, at less than market value, within the last 5 years? \_\_\_\_\_ If so, what? When? \_\_\_\_\_

### ASSETS

Cash and Checking	\$ _____
Savings/Money Market Account	\$ _____
Certificates of Deposit	\$ _____
Real Estate Owned – Schedule A	\$ _____
Stocks, Securities, and Bonds	\$ _____
IRA	\$ _____
401k	\$ _____
Trust Account	\$ _____
Annuity	\$ _____
Other Assets (please specify)	\$ _____
	\$ _____
<b>TOTAL ASSETS AVAILABLE</b>	<b>\$ _____</b>

### SOURCE OF INCOME

(monthly – net)

Social Security	\$ _____
Pensions	\$ _____
Dividends and Interest	\$ _____
IRA	\$ _____
Annuities	\$ _____
Other Income (please specify)	\$ _____
	\$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>

### LIABILITIES

Credit Card Debt	\$ _____
Notes Payable	\$ _____
Mortgages Payable	\$ _____
Other Debts (please specify)	\$ _____
	\$ _____
<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>

### “SCHEDULE A” OF REAL ESTATE OWNED

(Place an asterisk (\*) by primary residence)

Location	Date Acquired	Cost	Market Value
_____	____ / ____ / ____	\$ _____	\$ _____
_____	____ / ____ / ____	\$ _____	\$ _____

### MISCELLANEOUS FINANCIAL DATA

Life Insurance?	Yes _____	No _____	Surrender Value \$ _____	Whole Life? _____
Long Term Care Insurance?	Yes _____	No _____	Value \$ _____	Carrier _____
Prepaid Burial Fund?	Yes _____	No _____	Value \$ _____	Location _____

**SIGNATURE REQUIRED ON FOLLOWING PAGE**

## SIGNATURES

I hereby certify that the information provided 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." Mennonite Home Communities reserves the right to deny admission to anyone found listed on federal and state Megan's Law websites.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Applicant or Power of Attorney or Responsible Party



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### FOR WOODCREST VILLA ADMINISTRATIVE USE ONLY

Date application received/ Retirement Counselor \_\_\_\_\_

Waiting list acceptance by Director of Marketing \_\_\_\_\_

Date of review by Chief Financial Officer \_\_\_\_\_

Accepted \_\_\_\_\_ Not Accepted \_\_\_\_\_ Reason \_\_\_\_\_

Accepted by Woodcrest Villa Director of Marketing \_\_\_\_\_