

Woodcrest Villa
A MENNONITE HOME COMMUNITY

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.

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 _____
_____ 2 bedroom/den _____ 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 _____ Home Telephone _____

Street _____

City _____ State _____ Zip _____

Cell Phone _____ E-mail _____

Date of Birth ___/___/___

Married _____ If so, Anniversary Date _____

Single _____ Divorced _____ Widowed _____ If so, date of Spouse's death _____

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.)

Social Security Number _____ Medicare Number _____ Part A ___ B ___ D ___

Medicare Advantage Plan _____

Health Insurance Company _____

PERSONAL HISTORY

What was your profession, trade or occupation? _____

Are you retired? If so, from where? _____

Do you still work? If so, where? _____

What are your hobbies/interests? _____

List any family or friends that 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? _____

Have you ever been a resident in any Retirement Community, mental health, or extended care facility? _____ If so, where? _____

Have you appointed a Durable Power of Attorney? Yes _____ No _____

If yes, who? _____

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

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

If not, where else have you lived? _____

Woodcrest Villa is a non-smoking campus.

WOODCREST VILLA FINANCIAL STATEMENT

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

****Financial statements to verify assets listed are required to 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.

Do you have assets in a Revocable or Irrevocable Trust? _____ Yes _____ No

Within the past five years, have you or your spouse:

- Transferred or gifted: real estate, automobiles, monetary gifts, bank accounts, stocks/bonds, life insurance or other assets
- Sold real estate, automobiles or other assets at less than Fair Market Value?

Yes _____ No _____ (please check one) If yes, what and when? _____

ASSETS

Cash	_____
Checking	_____
Savings	_____
Money Market Account	_____
Certificates of Deposit	_____
Real Estate Owned – See Below	_____
Stocks, Securities, and Bonds	_____
IRA	_____
401K	_____
Annuities	_____
Trust Account	_____
Other Assets	_____
TOTAL ASSETS AVAILABLE	_____

SOURCE OF INCOME (MONTHLY - NET)

Social Security	_____
Pensions	_____
Dividends and Interest	_____
Required Minimum Distribution	_____
Other Income	_____
TOTAL MONTHLY INCOME	_____

LIABILITIES

Notes Payable	_____
Mortgages Payable	_____
Credit Card Debt	_____
Car Loan	_____
Other Debts	_____
TOTAL LIABILITIES	_____

REAL ESTATE OWNED

(Place an asterisk (*) by primary residence)

Location	Date Acquired	Cost	Market Value
_____	___ / ___ / ___	_____	_____
_____	___ / ___ / ___	_____	_____

MISCELLANEOUS FINANCIAL DATA

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

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.

Signed _____ Date _____
Applicant or Power of Attorney or Responsible Party



FOR WOODCREST VILLA ADMINISTRATIVE USE ONLY

Date application received/ Retirement Counselor _____

Waiting List date _____ Waiting List Approval by Director of Marketing/Date _____

Chief Financial Officer Review/Date _____

Accepted _____ Not Accepted _____ Reason _____

Megan's Law check _____ Criminal background check _____

Progress Notes: