

**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.***



## 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



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### FOR WOODCREST VILLA ADMINISTRATIVE USE ONLY

Date application received/ Senior Living Counselor \_\_\_\_\_

Waiting List date \_\_\_\_\_

Chief Financial Officer Review/Date \_\_\_\_\_

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

Megan's Law check \_\_\_\_\_ Criminal background check \_\_\_\_\_

Progress Notes: