

Financial Statement

Is this a Joint or Individual statement? If two people disclosing individually, please list each person's financials separately. Have you disposed of any property, real or personal, within the last five years? Yes No If yes, please describe the property, to whom it was given and when:

ASSETS	Joint or Applicant #1	Applicant #2	MONTHLY INCOME	Joint or Applicant #1	Applicant #2
Cash and Checking			Interest from asset on left		
Savings and CDs			Interest from asset on left		
Stocks, Bonds, Securities			Int./Div. from asset on left		
Retirement / Pension			Distribution from asset on left		
Trust Accounts			Distribution from asset on left		
Other			Distribution from asset on left		
Real Estate (Primary)			Social Security		
Real Estate (Other)			Other (describe)		
Total Assets			Total Monthly Income		

LONG TERM CARE INS. (Current Daily Benefit)	
LIABILITIES	
Mortgage	
Notes Payable	
Other	
Total Liabilities	

Please provide support (statements, etc.) when able for the amounts above.

I hereby declare that all information included on this application is true to the best of my knowledge. An application fee in the amount of \$100 per person is enclosed. I understand that the application fee(s) are non-refundable. I understand that Brethren Village's acceptance of this application does not constitute a contract and does not constitute an offer for, or promise of, admission to Brethren Village.

Office Use Only:
 Date Application Received: _____
 Application Received by: _____

Applicant(s) signature

Date

7/1/16



More choices. Your choices.

Date: _____

3001 Lititz Pike, P.O. Box 5093, Lancaster, Pa 17606-5093
 Phone: (717) 581-4227 | Fax: (717) 581-4300 | www.bv.org



Residential Application & Confidential Data Profile

Residential Applications are accepted by applicants of any age. However, Brethren Village age requirements for admission into the community specify that you must be 62 years of age. In the case of a husband and wife, one applicant must be 62 years of age or older and the other 55 years of age or older.

Please Note: Please answer all questions as completely and accurately as possible. In accordance with our Privacy Policy, by providing your name and contact information, you grant permission for representatives of Brethren Village to communicate with you. Your personal information is strictly confidential and will not be sold or released to other parties.

This application is being submitted for residency in (check all that apply):

- Studio apt. One-bedroom apt. One-bedroom with den Two-bedroom apt.
- Two-bedroom deluxe apt. Cottage (800 – 1,200 sq. ft.) Cottage (larger than 1,200 sq. ft.)
- Northside Court Private Apartments

This application is being submitted for the following residency plan* (check all that apply)

- Traditional Plan Modified Plan Lifecare Plan (*See our "Residence Sampler" for plan descriptions)

This application is being submitted for the following time frame (check one)

- I am ready to move as soon as possible. In the year _____.

Full Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ E-mail address _____

Marital Status

- Married: Anniversary date _____ Single Widowed Separated Divorced

How did you learn of Brethren Village?

- Church Word of mouth Trade show – where _____
- Resident referral Close to home/drive by Advertising – where _____
- Web site Other – explain _____

Children

Name _____ Address _____ State _____ Zip _____ Phone # _____

Applicant #1: Full Name _____

Date of Birth _____ **Social Security #** _____

Medicaid # (if applicable) _____ **Medicare #** _____ Part A Part B

Medicare Supplement of Plan C or above _____
Company _____ Policy # _____

Long Term Care Insurance (attach benefit page) _____
Company _____ Policy # _____

Veteran or spouse of veteran? Yes No Branch of Service _____ Years Served _____

Do you have a Durable Financial & Medical Power-of-Attorney? Yes No If yes,

Name _____ Address _____ State _____ Zip _____ Phone # _____

Do you have a Living Will or Advance Directive? Yes No

Physician Information

Name _____ Address _____ State _____ Zip _____ Phone # _____

Where have you resided most of your life? _____

What is/was your current/previous occupation? _____

What is your educational background? _____

What is your service to your church and/or community? _____

If an attendee/member, what is your place of worship? _____

Name _____ Address _____ State _____ Zip _____ Phone # _____

What are your hobbies? _____

Applicant #2: Full Name _____

Date of Birth _____ **Social Security #** _____

Medicaid # (if applicable) _____ **Medicare #** _____ Part A Part B

Medicare Supplement of Plan C or above _____
Company _____ Policy # _____

Long Term Care Insurance (attach benefit page) _____
Company _____ Policy # _____

Veteran or spouse of veteran? Yes No Branch of Service _____ Years Served _____

Do you have a Durable Financial & Medical Power-of-Attorney? Yes No If yes,

Name _____ Address _____ State _____ Zip _____ Phone # _____

Do you have a Living Will or Advance Directive? Yes No

Physician Information

Name _____ Address _____ State _____ Zip _____ Phone # _____

Where have you resided most of your life? _____

What is/was your current/previous occupation? _____

What is your educational background? _____

What is your service to your church and/or community? _____

If an attendee/member, what is your place of worship? _____

Name _____ Address _____ State _____ Zip _____ Phone # _____

What are your hobbies? _____

