



More CHOICES. |
Your CHOICES.

Date: _____

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Phone: (717) 581-4227
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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. or 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 Close to home/drive by Resident referral – name _____
- Word of mouth Web site Advertising – where _____
- Other – explain _____

Children

Name	Address	State	Zip	Phone #

w w w . b v . o r g



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-Authority? 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 #

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-Authority? 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 #

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? _____

Financial Statement List all assets that you and/or spouse own or in which you and/or spouse have an interest, and list all sources of income for you and/or spouse.

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/Investments	Joint or Applicant #1	Applicant #2		Monthly Income	Joint or Applicant #1	Applicant #2
Residence				Social Security (net)		
Investments (non IRA)			→	Distribution from asset on left		
IRA's			→	Distribution from asset on left		
Trusts			→	Distribution from asset on left		
Annuities			→	Distribution from asset on left		
Real Estate (Other)				Pension		
Checking/Savings/CD's				Amount if pension transfers to spouse		
Other (Describe)				Other (Describe)		
Total Assets/Investments				Total Monthly Income		

Liabilities				Long Term Care Insurance		
Mortgage/Line of Credit				Current Daily Benefit		
Other (describe)				Maximum Benefit (Mths. / \$)		
Total Liabilities				Annual Premium		

Do you own or have an interest in any assets, income or liabilities not listed above: Yes No If yes, please provide explanation: _____

Please provide support (statements, tax returns, etc.) for the accounts above.

I hereby declare that all information included on this application is true to the best of my knowledge. I understand that this Financial Statement is being reviewed by Brethren Village to financially qualify me and does not constitute a contract, or promise of, admission to Brethren Village. If admitted, I hereby understand and declare that all assets and income listed in this application shall be made available for either or both of my and/or my spouse's care at Brethren Village.

Applicant(s) signature

Applicant(s) signature

Date