



More CHOICES. |  
Your CHOICES.

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

3001 Lititz Pike, Lititz, PA 17543  
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.    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 #

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-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?** \_\_\_\_\_

\_\_\_\_\_

**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:

<b>Assets/Investments</b>	<b>Joint or Applicant #1</b>	<b>Applicant #2</b>		<b>Monthly Income</b>	<b>Joint or Applicant #1</b>	<b>Applicant #2</b>
Cash, Checking, Savings, CDs			->	Interest from asset on left		
Stocks / Equities (non-IRA)			->	Dividend from asset on left		
Bonds / Fixed Income (non-IRA)			->	Distribution from asset on left		
IRAs			->	Distribution from asset on left		
Real Estate (Primary)				Pension		
Real Estate (Other)				If pension transfers to spouse, amount -		
Other (describe)				Other (please describe)		
Total Assets/Investments				Social Security (net)		
<b>Other Funds</b>				<b>Monthly Distribution (if applicable)</b>		
Annuities			->	Distribution from fund on left		
Trust Accounts			->	Distribution from fund on left		
				<b>Total Monthly Income</b>		
<b>Liabilities</b>				<b>Long Term Care Insurance</b>		
Mortgage/Line of Credit				Current Daily Benefit		
Other (describe)				Benefit period		
Total Liabilities						

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