

TO BUILD A  
VIBRANT COMMUNITY,  
IT TAKES A  
VILLAGE.



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

3001 Lititz Pike, Lititz, PA 17543

Phone: 717-581-4227

Fax: 717-581-4300

**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 timeframe** (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** \_\_\_\_\_

**Preferred contact method** (check all that apply): ☐ Mail   ☐ Home Phone   ☐ Cell   ☐ Email   ☐ Text

### Marital Status

- ☐ Married: Anniversary date \_\_\_\_\_   ☐ Single   ☐ Widowed   ☐ Separated   ☐ Divorced

### How did you learn of Brethren Village?

- ☐ Church   ☐ Word of mouth   ☐ Advertising – ☐ Outdoor ☐ Radio ☐ Print  
☐ Resident referral   ☐ Close to home/drive by   ☐ Other – explain \_\_\_\_\_  
☐ Website   ☐ Social Media

### Children

Name	Address	State	Zip	Phone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Internal Processing** ☐ Enquire   ☐ Examiner   ☐ Email   ☐ Wait list   ☐ \_\_\_\_\_

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**Applicant #1: Full Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Medicaid #** (if applicable) \_\_\_\_\_ **Medicare #** \_\_\_\_\_ ☐ **Part A** ☐ **Part B**

**Medicare Advantage Plan** \_\_\_\_\_

Company

Policy #

**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 #

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

**What amenities are you looking for in Brethren Village?** (check all that apply):

- ☐ Maintenance-Free Living ☐ Dining Experiences ☐ Trips ☐ Wellness and Fitness ☐ Clubs and Groups  
☐ Social Aspect ☐ Professional Support ☐ Volunteering



**Applicant #2: Full Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Medicaid #** (if applicable) \_\_\_\_\_ **Medicare #** \_\_\_\_\_ ☐ **Part A** ☐ **Part B**

**Medicare Advantage Plan** \_\_\_\_\_

Company

Policy #

**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 #

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

**What amenities are you looking for in Brethren Village?** (check all that apply):

- ☐ Maintenance-Free Living ☐ Dining Experiences ☐ Trips ☐ Wellness and Fitness ☐ Clubs and Groups  
☐ Social Aspect ☐ Professional Support ☐ Volunteering

**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?

Have you gifted 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	Applicant #1	Applicant #2		Monthly Income	Applicant #1	Applicant #2
Residence					Social Security (net)		
Investments (non-IRA)				→	Distribution from asset on left		
IRA's				→	Distribution from asset on left		
Trusts <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable				→	Distribution from asset on left		
Annuities <input type="checkbox"/> Income generating <input type="checkbox"/> Asset based				→	Distribution from asset on left		
Real Estate (Other)					Pension		
Address							
Checking/Savings/CD's					Amount if pension transfers to spouse		
Other (describe)					Other (describe)		
Total Assets/Investments					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: \_\_\_\_\_

You will be asked to provide additional support at time of admissions.

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