

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 individuals must be 62 years of age or older. For couples, 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.
 Northside Court Private apt. Cottage (800 – 1,200 sq. ft.) Cottage (larger than 1,200 sq. ft.)

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)

I'm looking to move into Brethren Village (check one):

- As soon as possible. In the year _____. Unsure at this time.

Full Name(s) _____

Address _____

City _____ State _____ Zip _____ Phone 1 _____

Phone 2 _____ E-mail address 1 _____ E-mail address 2 _____

Preferred contact method (check all that apply): Mail Phone 1 Phone 2 Email 1 Email 2 Text

Marital Status

- Married: Anniversary date _____ Single Widowed Separated Divorced

How did you learn of Brethren Village? (check all that apply):

- Church Area native Advertising – Billboards Print Ad
 Resident referral _____ Close to home/drive by Other – explain _____
 BV.org Web search Social Media Team member – Current Former

Children

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

Internal Processing Enquire Examiner Email Wait list _____

Applicant #1: Full Name _____

Date of Birth _____ **Social Security #** (optional) _____

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

Medicare Advantage Plan _____

Company

Policy #

Medicare Supplement of Plan C or above _____

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 #

What did you do for a living? _____

What is your highest level of education? _____

What is your Church affiliation ? _____

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

Name Address State Zip Phone #

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

What are your hobbies? _____

Will you be bringing a pet? Yes No

Type of Pet: Dog Cat **Breed** _____ **Weight** _____ **Name** _____

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

- Maintenance-Free Living
- Dining Experiences
- Activities
- Wellness and Fitness
- Clubs and Groups
- Social Aspect
- Chaplaincy
- Volunteering

Why did you choose Brethren Village? (check all that apply):

- Secure Campus
- Continuum of Care
- Aging in Place
- Location
- Amenities
- Cost

Applicant #2: Full Name _____

Date of Birth _____ **Social Security #** (optional) _____

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

Medicare Advantage Plan _____

Company

Policy #

Medicare Supplement of Plan C or above _____

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 #

What did you do for a living? _____

What is your highest level of education? _____

What is your Church affiliation ? _____

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

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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 married, do you have a prenuptial agreement? Yes No

Have you gifted any property, real estate 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 Attach Benefit Page		
Mortgage/Line of Credit					Company Name/Policy #		
Other (describe)					Current Daily Benefit		
Total Liabilities					Maximum Benefit (Mths./\$)		
					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: _____

No supporting documentation needed at this time. You will be asked to provide additional support at time of admissions.

(Support includes; financial information and medical records)

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