

**ASSETS** *(Separate sheet may be used. Please indicate number of shares held and current value)*

Stocks and Bonds \_\_\_\_\_  
 \_\_\_\_\_  
 Mutual Funds \_\_\_\_\_  
 \_\_\_\_\_  
 Certificates of Deposit \_\_\_\_\_  
 \_\_\_\_\_

**REAL ESTATE** *(in applicant's name)*

Type	Location	Current Value
1. _____	_____	_____
2. _____	_____	_____

**LIFE INSURANCE POLICIES** *(on applicant's life, or owned by applicant)*

Company	Policy No.	Face Value	Cash Value
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**LIABILITIES**

Any debts, mortgages, obligations, etc., affecting the income or assets:  
 \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ Amount \$ \_\_\_\_\_

Have any assets been transferred in the past five years?  
 Yes  No If yes, please explain: \_\_\_\_\_

I will not make any transfers or gifts subsequent to the date of this Application for Residency, including a transfer of assets to an irrevocable trust, or change the liquidity of my assets in any manner, including the purchase of an annuity, which would substantially impair my ability to timely fulfill my financial obligation to Warwick Woodlands. By signing below, I certify that the information and disclosures provided in this Application for Residency are true, correct and complete to the best of my knowledge and belief. Any false information, misrepresentation of information or lack of disclosure in this Application for Residency may result in the rejection of my application and/or the termination of the residential living agreement or admission agreement after move-in or admission at any time Warwick Woodlands learns of the false information, misrepresentation or lack of disclosure.

Warwick Woodlands has my permission to conduct a credit check as part of their standard application approval process. \_\_\_\_\_ (please initial)

\*Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \*Signature \_\_\_\_\_ Date \_\_\_\_\_

If prepared by person other than applicant, show name, address, and telephone number below.  
 \_\_\_\_\_

\* Must be signed



544 West 6th Street, Lititz, PA 17543, 717-625-6000



We are a smoke-free community.

**PLEASE PRINT**

**APPLICANT 1**

**For which style home are you applying?**  Townhome  Carriage Home  Apartment

Name \_\_\_\_\_  
 Current Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex (M) \_\_\_\_\_ (F) \_\_\_\_\_  
 Present Marital Status:  Single  Married  Widowed  Divorced  Separated  
 Occupation *(prior to retirement)* \_\_\_\_\_ Veteran?  Yes  No  
 Primary Language Spoken \_\_\_\_\_ Hobbies/Interests \_\_\_\_\_  
 Medicare Number \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Supplemental Insurance *(Company Name)* \_\_\_\_\_  
 Group/Policy Number \_\_\_\_\_  
 Other Insurance Information \_\_\_\_\_  
 Family Physician \_\_\_\_\_

**APPLICANT 2**

**For which style home are you applying?**  Townhome  Carriage Home  Apartment

Name \_\_\_\_\_  
 Current Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex (M) \_\_\_\_\_ (F) \_\_\_\_\_  
 Present Marital Status:  Single  Married  Widowed  Divorced  Separated  
 Occupation *(prior to retirement)* \_\_\_\_\_ Veteran?  Yes  No  
 Primary Language Spoken \_\_\_\_\_ Hobbies/Interests \_\_\_\_\_  
 Medicare Number \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Supplemental Insurance *(Company Name)* \_\_\_\_\_  
 Group/Policy Number \_\_\_\_\_  
 Other Insurance Information \_\_\_\_\_  
 Family Physician \_\_\_\_\_

**POWER OF ATTORNEY INFORMATION**

**Do you have a Power of Attorney? If yes, please complete the section below.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Type of Power of Attorney:  General  Healthcare  Durable Living Will:  Yes  No

**EMERGENCY CONTACTS**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**MISCELLANEOUS**

Name/Address where Religious Membership is held \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Religion \_\_\_\_\_  
 Clergy Name \_\_\_\_\_ Telephone \_\_\_\_\_

**ADDITIONAL WAITING LIST**

If you are also interested in applying for residency at Moravian Manor, please indicate for which style home you are applying:  Townhome  Cottage  Manor Greene Apartment  Garden Court Apartment

**RELEASE**

Warwick Woodlands has my permission to contact any person listed here for the purpose of determining the accuracy of this information. \_\_\_\_\_ (please initial)

Warwick Woodlands has my permission to conduct a criminal background check as part of their standard application approval process. \_\_\_\_\_ (please initial)

\* \_\_\_\_\_  
 Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\* \_\_\_\_\_  
 Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Must be signed

FOR OFFICE USE ONLY  
 Priority Deposit Received: \_\_\_\_\_  
 \_\_\_\_\_ Date

**INCOME**

Name \_\_\_\_\_ Date \_\_\_\_\_

Please complete all blanks. If there is no answer, mark 0 (zero).

(if applicable)	Monthly Income		Year Income Expires	
	Applicant 1	Applicant 2	Applicant 1	Applicant 2
Social Security	\$ _____	\$ _____	_____	_____
Pension	\$ _____	\$ _____	_____	_____
Annuity	\$ _____	\$ _____	_____	_____
Trust	\$ _____	\$ _____	_____	_____
Rental	\$ _____	\$ _____	_____	_____
Dividends	\$ _____	\$ _____	_____	_____
Interest earnings	\$ _____	\$ _____	_____	_____
Bonds	\$ _____	\$ _____	_____	_____

**Other Sources** (please describe)

_____	\$ _____	per _____	\$ _____
_____	\$ _____	per _____	\$ _____
_____	\$ _____	per _____	\$ _____

**Total Monthly Income:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**ASSETS**

Please note if any of the following assets, real estate and/or insurance, are held jointly – and if so, with whom. A separate sheet may be used if necessary.

Checking Accounts:	Current Balance
1. Bank _____	\$ _____
2. Bank _____	\$ _____
Savings Accounts:	
1. Bank _____	\$ _____
2. Bank _____	\$ _____

**Long Term Care Insurance:**  Yes  No

Applicant 1 only  Applicant 2 only  Both Applicants

Name of Company \_\_\_\_\_

Amount \_\_\_\_\_ Benefit Term \_\_\_\_\_

Your personal information is strictly confidential and will not be sold or released to other parties.