

PLEASE PRINT

APPLICANT 1

For which area of our community are you applying?

- Residential Personal Care/Assisted Living Healthcare

If Residential, in which campus are you interested?

- Moravian Manor Warwick Woodlands Both
 Apartment Cottage Carriage Home Townhome

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 area of our community are you applying?

- Residential Personal Care/Assisted Living Healthcare

If Residential, in which campus are you interested?

- Moravian Manor Warwick Woodlands Both
 Apartment Cottage Carriage Home Townhome

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 _____

Telephone _____ Cell Phone _____

E-mail _____

Type of Power of Attorney: General Healthcare Durable Living Will: Yes No

RESPONSIBLE PARTY INFORMATION *(Person designated to manage your personal affairs.)*

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Does the Responsible Party hold Power of Attorney? 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 _____

RELEASE

Moravian Manor/Warwick Woodlands has my permission to contact any person listed here for the purpose of determining the accuracy of this information _____ *(please initial)*

Moravian Manor/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

* _____
Responsible Party's Signature Date

* _____
Responsible Party's Signature Date

*Must be signed

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

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:

| | |
|---------------|------------------------------------|
| 1. Bank _____ | Current Balance \$ _____ |
| 2. Bank _____ | \$ _____ |

Savings Accounts:

| | |
|---------------|----------|
| 1. Bank _____ | \$ _____ |
| 2. Bank _____ | \$ _____ |

Stocks and Bonds _____

Mutual Funds _____

Certificates of Deposit _____

Long Term Care Insurance: Yes No
 Applicant 1 only Applicant 2 only Both Applicants

Name of Company _____

Amount _____ Benefit Term _____

| |
|--|
| FOR OFFICE USE ONLY Priority Deposit Received: _____ Date _____ |
|--|

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 \$ _____ |
| _____ | 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 Moravian Manor/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 Moravian Manor/Warwick Woodlands learns of the false information, misrepresentation or lack of disclosure.

Moravian Manor/Warwick Woodlands has my permission to conduct a credit check as part of their standard application approval process _____ *(please initial)*

*Signature _____ Date _____

*Signature _____ Date _____

*Must be signed

If prepared by someone other than applicant:

Name _____ Address _____ Phone _____

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



Residential Living at Moravian Manor & Warwick Woodlands

544 W. Sixth Street, Lititz, PA 17543 | 717-625-6000

Continuing Care at Moravian Manor

300 West Lemon Street, Lititz, PA 17543 | 717-626-0214

www.moravianmanor.org | www.warwickwoodlands.org

