

PLEASE PRINT

APPLICANT 1

For which area of our community are you applying?

Residential Personal Care/Assisted Living Healthcare

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ 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

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ 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 _____ Cell Phone _____

E-mail _____

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

If Applicant 1 and Applicant 2 have a different Power of Attorney, please show Applicant 2's Power of Attorney on a separate attachment.

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

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Does the Responsible Party hold Power of Attorney? Yes No

If Applicant 1 and Applicant 2 have a different Responsible Party, please show Applicant 2's Responsible Party on a separate attachment.

EMERGENCY CONTACTS

1. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

2. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

3. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

MISCELLANEOUS

Name/Address where Religious Membership is held _____

Religion _____ Clergy Name _____ Telephone _____

Name/Address of Funeral Home _____

RELEASE

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

Moravian Manor Communities 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 Wait List 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 Communities.** 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 Communities learns of the false information, misrepresentation or lack of disclosure.

Moravian Manor Communities 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.



Administration, Admissions and Health Care
Founders Campus
300 W. Lemon Street | Lititz, PA 17543

Residential Living Sales Center
Warwick Woodlands Campus
544 W. 6th Street | Lititz, PA 17543