PLEASE PRINT

APPLICANT 1

For which area of our community are	e you applying?			
☐ Residential ☐ Personal Care/	Assisted Living	☐ Healthcare		
Name				
Address	City		State	Zip
Home Phone	Cell	Phone		
E-mail				
Date of Birth Age	9	Sex: □ (I	M) □ (F)	
Present Marital Status: ☐ Single	☐ Married	□ Widowed	□ Divorced	☐ Separated
Occupation (prior to retirement)			Veteran?	☐ Yes ☐ No
Primary Language Spoken	Hob	bies/Interests _		
Medicare Number	Soc	ial Security Nun	nber	
Supplemental Insurance (Company	[,] Name)			
Group/Policy Number				
Other Insurance Information				
Family Physician				
APPLICANT 2				
For which area of our community are	a vou applying?			
☐ Residential ☐ Personal Care		☐ Healthcare		
Name	· ·			
Address			State	Zip
Home Phone	_			
E-mail				
Date of Birth Age	ė	Sex: □ (I	M) □(F)	
Present Marital Status:				□ Separated
Occupation (prior to retirement)				•
Primary Language Spoken				
Medicare Number				
Supplemental Insurance (Company				
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 _____ _____ State____ Zip____ Home Phone _____ Cell Phone ____ E-mail Living Will: ☐ Yes ☐ No Type of Power of Attorney: ☐ General ☐ Healthcare ☐ Durable 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 _____ State _____ Zip____ Home Phone Cell Phone 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 Relationship _____ 2. Name _____ City _____ State ____ Zip ____ Address Cell Phone Home 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

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INCOME				
Name			Date	
Please complete all blanl	ks. If there is no ans	swer, mark 0 (zero).		
	Monthly Incom	e	Year Income	Expires
(if applicable)	• •	Applicant 2	Applicant 1	Applicant 2
Social Security		_ \$		
Pension		_ \$		
Annuity		\$		
Trust		_ \$		
Rental		_ \$		-
Dividends		_ \$		
Interest earnings		_ \$		
Bonds	\$	\$		
Other Sources (please de				
	\$	per	\$	
Total Monthly Income:	\$	\$		
ASSETS (Separate sheet may	be used. Please indicate n	number of shares held and cu	irrent value)	
Please note if any of the f	ollowing assets, rea	al estate and/or insur	ance, are held joi	ntly - and if so,
with whom. A separate sh	eet may be used if	necessary		
Checking Accounts:			Current Balar	nce
1. Bank			\$	
2. Bank			\$	
			¥	
Savings Accounts:				
1. Bank			\$	
2. Bank			\$	
Stocks and Bonds				
Mutual Funds/IRA				
Certificates of Deposit				
Long Term Care Insurance				
☐ Applicant 1 only ☐ Applicant 1				
	oplicant 2 only 🛛	Both Applicants		
Name of Company				
Name of Company				

Date

Type	Location		Current Value
LIFE INSURANC	CE POLICIES (on applicant's	life, or owned by applicant)	
Company	Policy No.	Face Value	Cash Value
LIABILITIES			
	s, obligations, etc. affecting tl		
Have any assets heen	transferred in the past five y		
•	please explain:		
for my care at Moravia Moravian Manor Comi	ets and income listed in this A n Manor Communities. If my munities, I hereby understand	Application for Residence and declare that I will n	ry is approved by ot give, transfer or assig
for my care at Moravia Moravian Manor Commassets or income, inclumy assets in any mannability to timely fulfill mathis Application for Reside Application for Reside Any false information, Residency may result in Living Agreement or A	n Manor Communities. If my .	Application for Residence d and declare that I will not irrevocable trust, or chain annuity, which would sure avian Manor Communities contract, or promise of, at the information and disciplete to the best of my kation or lack of disclosure tion and/or the termination ove-in or admission at an and-or the design and and and and and and and and and an	cy is approved by ot give, transfer or assignange the liquidity of substantially impair my es. I understand that admission to Moravian closures provided in this knowledge and belief. In this Application for on of the Residential my time Moravian Manor
for my care at Moravia Moravian Manor Commassets or income, inclumy assets in any mannability to timely fulfill methis Application for Residency false information, Residency may result in Living Agreement or A Communities learns of Moravian Manor Communities Improved the Moravian Manor Communities Incompany Incompa	n Manor Communities. If my amunities, I hereby understand ading a transfer of assets to an er, such as the purchase of any financial obligation to Morsidency does not constitute a By signing below, I certify that not are true, correct and commisrepresentation of informan the rejection of my applicated admission Agreement after meaning the second seco	Application for Residence and declare that I will not irrevocable trust, or chan annuity, which would sure avian Manor Communition contract, or promise of, at the information and discoplete to the best of my known and/or the termination and/or the termination over in or admission at an oresentation or lack of discoplete to conduct a credit check	cy is approved by ot give, transfer or assign ange the liquidity of substantially impair my es. I understand that admission to Moravian closures provided in this knowledge and belief. In this Application for on of the Residential my time Moravian Manor sclosure.
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A Unitas Communities Affiliate

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

