APPLICATION

LIVING BRANCHES

Live & *Grow* – Together

INSTRUCTIONS

Thank you for taking the time to complete this application for the Living Branches communities. We appreciate your consideration as you explore senior living options. If you have additional questions, please don't hesitate to contact your sales counselor or call the Living Branches office at 215-368-4438.

Page 4 – Financial Statement (Part 1)

Primary Residence Current Market Value - If you do not have a recent appraisal of your home, please use Zillow.com or Trulia.com to estimate market value. If these websites do not agree on home value, we may ask you to provide a letter from a Realtor estimating value.

Investment Accounts – Please indicate the name of the investment account (e.g. JP Morgan, Vanguard, etc.) and cross reference the reported asset amounts with supporting statements. Use the reference numbers from the application to label supporting statements that correspond to the amounts reported on each line.

Annuities - It is very important to indicate whether you can withdraw lump sums from the annuity without penalty. If you are uncertain, please contact your investment advisor for clarification.

Trust Account Value - If you have a trust, please be sure to indicate whether the proceeds are irrevocable and available for your care.

Life Insurance - Only indicate the cash surrender value of a life insurance policy. Term policies will not have a cash surrender value.

Page 5 – Financial Statement (Part 2)

Social Security Amount - Please indicate the amount of your social security payment, not your social security number. If you are not receiving social security payments at this time, please indicate your estimated social security payment.

Pension - If you are married, please be sure to indicate what portion of your pension will remain for your spouse in the event of your death.

Monthly Expenses - Please indicate only expenses that will be incurred while residing in a Living Branches community. Current expenses such as HOA fees, lawn maintenance, utilities, etc., do not need to be listed.

Liabilities – Please list any long-term debt you may have, other than a mortgage. This may include automobile loans or credit card balances. Give information on both the monthly payment and total amount of the liability.

Page 6 – Preferred Residence Please indicate your choice(s) for residence type. There is no limit to the number of preferences you can indicate, but be sure to rank them 1, 2, 3, etc., according to your preference.

Page 7 - Agreement Please be sure that each person completing the application signs and dates the application

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* Supporting Documents Required for Acceptance

Applicants are asked to provide supporting documentation for the information listed in your application or financial update.

We ask that you provide a summary page from the most recent account statements that correspond to the assets you have listed on your application or financial update, as well as the most recent annual statement from Social Security and any pensions you may have.

If you have a long term care insurance policy, you will be asked to provide a declaration page from the last 12 months. If you have real estate, you will be asked to provide a copy of the settlement sheet after the property is sold.

If you have a trust, please provide a copy of the trust document.

For any of these items, print-outs from online accounts are an acceptable form of supporting documentation.

PERSONAL INFORMATION

FOR INTERNAL USE: Date Application Received: _____

Applicant #1

Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Occupation/Employer Prior to Retirement: _____

Applicant #2

Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Occupation/Employer Prior to Retirement: _____

Address _____

City _____ State _____ Zip _____

Home Phone #_____ Cell # _____

Email _____

Church Affiliation _____

With whom and under what arrangements are you now living? _____

We are each other's primary beneficiary. (If you are not, each applicant must complete a separate application.)

Have you made application for admission into any other retirement communities? ☐ Yes ☐ No

(IF YES, PLEASE PROVIDE COMMUNITY NAME(S)) _____

How did you hear about Living Branches? _____

Name of a family member or friend who can contact you in the event that we cannot:

Name: _____

Phone: _____

Email: _____

Relationship: _____

Have you transferred or divested any asset in the last five years with a value exceeding $10,000? Yes ☐ No ☐

If yes, please provide details: _____

_____

FINANCIAL STATEMENT (PART 1)

Assets and Liabilities

Please list for each applicant or joint

ASSETS	Applicant #1	Applicant #2	Assets Held Jointly
Cash in Checking and Savings Accounts			
CDs and/or Money Market Accounts			
Investment Accounts - (specify by name of account)			
1			
2.			
3.			
IRA/401k/Retirement Funds (market value)			
1			
2.			
3.			
Annuities (Non-Annuitized - net market value)			
Can you make lump sum withdrawals without penalty? ☐ Yes ☐ No			
Life Insurance (Cash Surrender Value only)			
Primary Residence in Your Name (market value)			
Name(s) on deed:			
Other Real Estate (specify type)			
Burial Reserve			
Trust Accounts			
Is this irrevocable? ☐ Yes ☐ No			
Is this available for your care? ☐ Yes ☐ No			
Other Assets (specify)			
TOTAL ASSETS			
LIABILITIES	**Applicant #1**	**Applicant #2**	**Liabilities Held Jointly**
Mortgage Balance on Real Estate			
Home Equity Loan/Line of Credit (balance)			
Current Debt (ex., credit card, auto loan, etc.)			
Other Liabilities (specify)			
TOTAL LIABILITIES			

FINANCIAL STATEMENT (PART 2)

Income and Expenses (Monthly)

INCOME - Monthly (unless otherwise noted)	Applicant #1	+ Applicant #2	= TOTAL
Social Security Benefits (Net take home)			
Pension Benefits Income			
What portion will remain for your spouse in the event of your death?	%	%	
Pension Benefits Income			
What portion will remain for your spouse in the event of your death?	%	%	
Annuitized Annuity Income 1			
What portion will remain for your spouse in the event of your death?	%	%	
Annuitized Annuity Income 2			
What portion will remain for your spouse in the event of your death?	%	%	
401K / IRA Withdrawal Income - Total			
Other Income (specify)			

EXPENSES - Monthly (unless otherwise noted)		Applicant #1	+ Applicant #2	= TOTAL or JOINT
Insurance Premiums				
Health	Monthly			
Supplemental Health	Monthly			
Prescription	Monthly			
Auto	Monthly			
Life	Monthly			
Long-Term Care	Monthly			
Automobile Loan				
Credit Card Payments				
Other Loan Payments (home equity or line of credit)				
Other Expenses (specify)				

Long-Term Care Insurance	Applicant #1	Applicant #2	Example
Do you have Long-Term Care Insurance?	☐ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No
Benefit Period	yrs	yrs	3 years
Elimination period (# of days before benefits starts)	days	days	90 days
Is there an inflation rider?	☐ Yes ☐ No ____ %	☐ Yes ☐ No ____ %	☒ Yes ☐ No 5 %
Daily Benefit for Assisted Living			$100 /day
Daily Benefit for Nursing Care			$200/day
Inflation Rate on Premiums	%	%	5%

RESIDENTIAL LIVING

Please indicate your choice(s) for residence type. There is no limit to the number of preferences you can indicate, but be sure to rank them 1, 2, 3, etc., according to your preference.

Dock Woods (Lansdale)

- ☐ Three Bedroom Villa
- ☐ Three Bedroom Villa with Basement
- ☐ Two Bedroom Villa
- ☐ Two Bedroom Villa with Basement
- ☐ Two Bedroom Cottage with Garage
- ☐ Two Bedroom Cottage
- ☐ One Bedroom Cottage
- ☐ Two Bedroom Apartment
- ☐ One Bedroom Apartment
- ☐ Two Bedroom Apartment, The Laurels

Souderton Mennonite Homes (Souderton)

- ☐ Two Bedroom Villa with Garage
- ☐ One Bedroom Villa with Den and Garage
- ☐ Two Bedroom Cottage with Garage One
- ☐ Bedroom Cottage
- ☐ Two Bedroom Apartment
- ☐ One Bedroom Apartment
- ☐ Studio Apartment
- ☐ Two Bedroom Carriage Home-Linden Grove
- ☐ Three Bedroom Carriage Home-Linden Grove

PERSONAL CARE / MEMORY CARE / HEALTH CARE

Personal Care

The Willows (Hatfield)

- ☐ One Bedroom Apartment
- ☐ Studio Apartment

Dock Woods (Lansdale)

- ☐ One Bedroom Apartment
- ☐ Deluxe Studio Apartment
- ☐ Studio Apartment

Souderton Mennonite Homes (Souderton)

- ☐ One Bedroom Apartment
- ☐ Deluxe Studio Apartment
- ☐ Large Studio Apartment
- ☐ Standard Studio Apartment

Serenata Memory Care

Dock Woods (Lansdale)

- ☐ Private Suite
- ☐ Companion Suite

Souderton Mennonite Homes (Souderton)

- ☐ Private Suite

Health Care

Dock Woods (Lansdale)

- ☐ Private Suite
- ☐ Companion Suite

Souderton Mennonite Homes (Souderton)

- ☐ Private Suite
- ☐ Companion Suite

AGREEMENT

Please be sure that each person completing the application signs and dates the application.

All of the assets listed in this application as owned or controlled by me (us) are entitled or registered in my (our) individual or joint names, or held for my (our) benefit, and are available to pay for all levels of care at Living Branches. I (We) have full power and authority to convey or utilize such assets for my (our) personal support and for payment for services supplied through Living Branches. I (We) affirm that I (we) (or my/our agent(s)) will not deplete or jeopardize such assets below the level of that reasonably required to provide for my (our) care, or substantially change the nature or liquidity of my (our) assets. I (We) acknowledge that if I (we) jeopardize my (our) ability to pay for my (our) care, then I (we) may be ineligible for admission to any level of care at Living Branches and may be ineligible for financial assistance from Living Branches, and I (we) may jeopardize my (our) ability to live at Living Branches. I (We) understand that it is the policy of Living Branches to screen all incoming applicants against the National Sex Offender Registry Website (NSPOW). I (We) understand that Living Branches will deny admission to anyone listed on federal and/or state sex offender registry websites. I (We) understand and acknowledge that Living Branches relies on the information and disclosures made in this application for the purpose of inducing Living Branches to consider me (us) for admission. I (We) certify that the information and disclosures provided in this application are true, correct, and complete to the best of my (our) knowledge and belief.

_____ _____

APPLICANT #1 Signature Date

_____ _____

APPLICANT #2 Signature Date

Name of person completing this form other than Applicant #1 or #2 Relationship to Applicant(s) _____

_____ _____

Signature Date

DEPOSIT *(Make checks payable to "Living Branches")*

A $1,250 deposit is required with each Application for Admission. If an application is not approved, the deposit will be returned in full. At the time of move-in, the full deposit will be applied toward the entrance/admission fee. The application fee is refundable at any time upon written request from the applicant(s). If the applicants or one of the applicants should die prior to admission, the application fee shall be refunded in full to the applicants' estate or to the surviving applicant, but the application fee will be retained if the surviving applicant wishes to remain on our future resident list. If the applicant(s) withdraw(s) the Application for Admission for any reason other than illness or death, Living Branches shall retain the sum of $250 as a processing fee and refund the remaining $1,000 to applicant(s). If applying for an area of Living Branches which requires an entrance fee payment, applicant(s) acknowledge(s) that a disclosure statement has been provided.

_____ _____

APPLICANT #1 Signature Date

_____ _____

APPLICANT #2 Signature Date

Name of person completing this form other than Applicant #1 or #2 Relationship to Applicant(s) _____

_____ _____

Signature Date

OUR MISSION

Together we empower older adults and families to lead lives of purpose and joy, guided by the Mennonite tradition of care and service to others.

The Willows of Living Branches
2343 Bethlehem Pike
Hatfield, PA 19440
215-822-0688

Souderton Mennonite Homes
207 West Summit Street
Souderton, PA 18964
215-723-9881

Dock Woods
275 Dock Drive
Lansdale, PA 19446
215-368-4438

LivingBranches.org

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