

# APPLICATION



# 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.

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## 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 of Residence

Applicants who are ready to accept a residence and move to a Living Branches community are asked to provide supporting documentation for the information listed in your application or financial update. Your sales counselor will work with you for the best timing to submit this information, depending upon your desired date to move to the community.

At that time you will be asked to 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.

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 / are not (circle one) 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Life Insurance (Cash Surrender Value only)			
Primary Residence in Your Name (market value)			
Other Real Estate (specify type)			
Burial Reserve			
Trust Accounts			
Is this irrevocable? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this available for your care? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Assets (specify)			
<b>TOTAL ASSETS</b>	\$	\$	\$
<b>LIABILITIES</b>	<b>Applicant #1</b>	<b>Applicant #2</b>	<b>Liabilities Held Jointly</b>
Mortgage Balance on Primary Residence	\$	\$	\$
Home Equity Loan/Line of Credit (balance)			
Current Debt (ex., credit card, auto loan, etc.)			
Other Liabilities (specify)			
<b>TOTAL LIABILITIES</b>	\$	\$	\$
<b>NET WORTH (Total Assets - Total Liabilities)</b>	\$	\$	\$

# 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			
What portion will remain for your spouse in the event of your death?	%	%	
Annuitized Annuity Income			
What portion will remain for your spouse in the event of your death?	%	%	
401K / IRA Withdrawal Income - Total			
Other Income (specify)			
<b>EXPENSES -Monthly (unless otherwise noted)</b>	<b>Applicant #1</b>	<b>+ Applicant #2</b>	<b>= Total or Joint</b>
<b>Insurance Premiums</b>			
Health mo / qtr / semi / yr			
Supplemental Health mo / qtr / semi / yr			
Prescription mo / qtr / semi / yr			
Auto mo / qtr / semi / yr			
Life mo / qtr / semi / yr			
Long-Term Care mo / qtr / semi / yr			
Automobile Loan			
Credit Card Payments			
Other Loan Payments (home equity or line of credit)			
Other Expenses (specify)			
<b>Long-Term Care Insurance</b>	<b>Applicant #1</b>	<b>Applicant #2</b>	<b>Example</b>
Do you have Long-Term Care Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Benefit Period	_____ yrs	_____ yrs	3 years
Elimination period (# of days before benefits starts)	_____ days	_____ days	90 days
Is there an inflation rider?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>5</u> %
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.

<p><b>Dock Woods (Lansdale)</b></p> <p><input type="checkbox"/> Three Bedroom Villa</p> <p><input type="checkbox"/> Three Bedroom Villa with Basement</p> <p><input type="checkbox"/> Two Bedroom Villa</p> <p><input type="checkbox"/> Two Bedroom Villa with Basement</p> <p><input type="checkbox"/> Two Bedroom Cottage with Garage</p> <p><input type="checkbox"/> Two Bedroom Cottage</p> <p><input type="checkbox"/> One Bedroom Cottage</p> <p><input type="checkbox"/> Two Bedroom Apartment</p> <p><input type="checkbox"/> One Bedroom Apartment</p>	<p><b>Souderton Mennonite Homes (Souderton)</b></p> <p><input type="checkbox"/> Two Bedroom Villa with Garage</p> <p><input type="checkbox"/> One Bedroom Villa with Den and Garage</p> <p><input type="checkbox"/> Two Bedroom Cottage with Garage</p> <p><input type="checkbox"/> One Bedroom Cottage</p> <p><input type="checkbox"/> Two Bedroom Apartment</p> <p><input type="checkbox"/> One Bedroom Apartment</p> <p><input type="checkbox"/> Studio Apartment</p>
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## PERSONAL CARE / MEMORY CARE / HEALTH CARE

\*Accepting traditional Medicare and Independence Blue Cross insurance only

<p><b>Personal Care</b></p> <p><b>The Willows (Hatfield)</b></p> <p><input type="checkbox"/> One Bedroom Apartment</p> <p><input type="checkbox"/> Studio Apartment</p> <p><b>Dock Woods (Lansdale)</b></p> <p><input type="checkbox"/> One Bedroom Apartment</p> <p><input type="checkbox"/> Deluxe Studio Apartment</p> <p><input type="checkbox"/> Studio Apartment</p> <p><b>Souderton Mennonite Homes (Souderton)</b></p> <p><input type="checkbox"/> Deluxe Studio Apartment</p> <p><input type="checkbox"/> Large Studio Apartment</p> <p><input type="checkbox"/> Standard Studio Apartment</p>	<p><b>Memory Care</b></p> <p><b>Dock Woods (Lansdale)</b></p> <p><input type="checkbox"/> Private Suite</p> <p><input type="checkbox"/> Companion Suite</p> <p><b>Souderton Mennonite Homes (Souderton)</b></p> <p><input type="checkbox"/> Private Suite</p> <p><input type="checkbox"/> Companion Suite</p>	<p><b>Health Care*</b></p> <p><b>Dock Woods (Lansdale)</b></p> <p><input type="checkbox"/> Private Suite</p> <p><input type="checkbox"/> Companion Suite</p> <p><b>Souderton Mennonite Homes (Souderton)</b></p> <p><input type="checkbox"/> Private Suite</p> <p><input type="checkbox"/> Companion Suite</p>
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# 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 – 215-822-0688  
Souderton Mennonite Homes – 215-723-9881  
Dock Woods – 215-368-4438

[www.LivingBranches.org](http://www.LivingBranches.org)