MESSIAH LIFEWAYS® AT

Messiah Village *Application*

This form is required to start the application process for Residential Living, Enhanced Living, or Nursing Care accommodations and services at Messiah Lifeways at Messiah Village ("Messiah Village"). Upon final approval, additional paperwork will be required. There is no application fee.

How to apply:

1. Complete the entire application and submit it:

Email to:	or	Fax to:	or mail or drop off at:	**The Welcome Center**
life@messiahlifeways.org		**717.795.7695**		100 Mt. Allen Drive Mechanicsburg, PA 17055

2. Approval is based on a financial screening, a medical screening for those applying for Enhanced Living and Nursing Care, and pursuant to Paragraph 4 below, a Megan's Law background check. Once the application is received and reviewed, the qualified applicant's name will be placed on our applicant list. Applicants will be contacted based on their application date, desired move-in time, and availability of the approved accommodation.

3. **A non-refundable reservation fee is due when a specific accommodation is reserved.** Not applicable for Nursing Care admissions receiving coverage from Medicare, Medicaid or Hospice Services.

4. Messiah Village seeks to ensure the security and safety of its residents. It is the policy of Messiah Village to preclude the admission of an applicant to any component of Messiah Village's continuum of care (i.e., nursing, personal care or residential living) if: a) the Pennsylvania Megan's Law website reveals that such applicant has been convicted of one or more of the sexual offenses listed under 42 Pa.C.S.A. §9799.14. The list of sexual offenses can be accessed via the following link: www.pameganslaw.state.pa.us or b) the applicant is out-of-state and the sex offender registry for the applicable jurisdiction in which the applicant resides reveals that such applicant has been convicted of a sexual offense similar in nature to those offenses listed under 42 Pa.C.S.A. §9799.14. (NOTE: A copy of the sexual offenses listed under 42 Pa.C.S.A. §9799.14 is also available upon request.)

This application is being submitted for:

Applicant 1:

☐ Residential Living (Apartments & Cottages)
Preferred Refund Option: ☐ 0% ☐ 50% ☐ 90%
Desired Floor Plan(s): _____
Desired Move in Date: _____

☐ Enhanced Living (Personal Care)
Desired Floor Plan(s): _____
Desired Move in Date: _____

☐ Nursing Care
Desired Move in Date: _____

Applicant 2:

☐ Residential Living (Apartments & Cottages)
Preferred Refund Option: ☐ 0% ☐ 50% ☐ 90%
Desired Floor Plan(s): _____
Desired Move in Date: _____

☐ Enhanced Living (Personal Care)
Desired Floor Plan(s): _____
Desired Move in Date: _____

☐ Nursing Care
Desired Move in Date: _____

Applicant 1

Name: _____ Date of Birth: _____ Age: _____

Sex: _____ Marital Status: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: ( ) _____ Cell #: ( ) _____

Email: _____

Current/Former Occupation: _____ Education: _____

Social Security #: _____ Medicare #: _____

Medicare Advantage Plan or HMO name: _____

Contract/Identification #: _____ Group #: _____

Secondary/Supplemental Medical Insurance name: _____

Contract/Identification #: _____ Group #: _____

Prescription drug plan name: _____ Medical Assistance #: _____

Physician's name: _____ Phone #: ( ) _____

Applicant 2

Name: _____ Date of Birth: _____ Age: _____

Sex: _____ Marital Status: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: ( ) _____ Cell #: ( ) _____

Email: _____

Current/Former Occupation: _____ Education: _____

Social Security #: _____ Medicare #: _____

Medicare Advantage Plan or HMO name: _____

Contract/Identification #: _____ Group #: _____

Secondary/Supplemental Medical Insurance name: _____

Contract/Identification #: _____ Group #: _____

Prescription drug plan name: _____ Medical Assistance #: _____

Physician's name: _____ Phone #: ( ) _____

Emergency Contacts *(please attach a separate sheet if you would like to list more than 2 contacts)*

1. Name: _____ Relation: _____ Power-of-attorney? ☐ Yes ☐ No

Address: _____ City: _____ State: _____ Zip: _____

Home #: ( ) _____ Work #: ( ) _____

Cell #: ( ) _____ Email: _____

2. Name: _____ Relation: _____ Power-of-attorney? ☐ Yes ☐ No

Address: _____ City: _____ State: _____ Zip: _____

Home #: ( ) _____ Work #: ( ) _____

Cell #: ( ) _____ Email: _____

Financial Disclosure Statement

This entire section must be completed in order for an application to be processed.

Assets	Applicant 1 only	Applicant 2 only	Joint	Total
Checking	$ _____	$ _____	$ _____	$ _____
Savings/Money Market	$ _____	$ _____	$ _____	$ _____
Mutual Funds	$ _____	$ _____	$ _____	$ _____
CDs	$ _____	$ _____	$ _____	$ _____
Stocks/Investments/IRA	$ _____	$ _____	$ _____	$ _____
Bonds/Liquid Annuities	$ _____	$ _____	$ _____	$ _____
Revocable Trust	$ _____	$ _____	$ _____	$ _____
Other: _____	$ _____	$ _____	$ _____	$ _____

Residence Value $: _____ *(provide address if different from application information)*

Address: _____ City:_____ State:_____ Zip:_____

Additional Real Estate Value $: _____ Is this providing rental income ☐ Yes ☐ No *(if yes, list below under income)*

Address: _____ City:_____ State:_____ Zip:_____

Net Income	Applicant 1 only	Applicant 2 only	Joint	Total
Monthly Social Security	$ _____ /month	$ _____ /month	n/a	$ _____ /month
Monthly Pension	$ _____ /month	$ _____ /month	n/a	$ _____ /month
	Applicant 1: Right of Survivorship ☐ Yes ☐ No		Right of Survivorship Percentage _____%	
	Applicant 2: Right of Survivorship ☐ Yes ☐ No		Right of Survivorship Percentage _____%	
Monthly Fixed Annuity *If annuity is not listed above*	$ _____ /month	$ _____ /month	$ _____ /month	$ _____ /month
Monthly Rental Income	$ _____ /month	$ _____ /month	$ _____ /month	$ _____ /month
Other: _____ *i.e. Trusts/Salary*	$ _____ /month	$ _____ /month	$ _____ /month	$ _____ /month

Liabilities/Debt	Applicant 1 only	Applicant 2 only	Joint	Total
Mortgage Balance	$ _____	$ _____	$ _____	$ _____
Credit Card Balance	$ _____	$ _____	$ _____	$ _____
Car Loan/Lease Balance	$ _____	$ _____	$ _____	$ _____
Other: _____	$ _____	$ _____	$ _____	$ _____

Within the past 5 years have you or your spouse closed, given away, sold or transferred any assets i.e. personal property, a home, land, life insurance policies, annuities, bank accounts, CDs, stocks, IRA bonds, trust bonds, or a right to income?

☐ Yes ☐ No If yes, please provide the value: $_____ List details & dates: _____

Within the past 5 years have you or your spouse transferred any assets into a trust?

☐ Yes ☐ No If yes, please provide the value: $_____ List details & dates: _____

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Long-Term Care Insurance *(please provide a copy of Summary of Benefits)*	Applicant 1 only	Applicant 2 only
Monthly Premium	$ _____ /month	$ _____ /month
Predetermined Annual Increase to Premium	$ _____ or _____ %	$ _____ or _____ %
Elimination Period (number of days before benefit begins)	_____ days	_____ days
Daily Personal Care/Assisted Living Benefit	$ _____ /day	$ _____ /day
Personal Care/Assisted Living Benefit Inflation Rate	_____ %	_____ %
Daily Nursing Care Benefit	$ _____ /day	$ _____ /day
Nursing Care Benefit Inflation Rate	_____ %	_____ %
Maximum Benefit Period/Limit	$ _____ or _____ years	$ _____ or _____ years

I (we) understand that the Financial Disclosure Statement provided has been submitted for the purpose of obtaining admission to Messiah Lifeways at Messiah Village (Messiah Village).

I (we) represent that the resources listed are and will remain available to pay for the housing, care and services at Messiah Village. I (we) agree to preserve sufficient assets and income to satisfy my (our) obligations to Messiah Village and hereby commit not to give, transfer or assign assets or income during my (our) residency to any person, trust or organization unless I (we) have retained, in my (our) name, sufficient assets and income to satisfy my (our) obligations to Messiah Village for the duration of my (our) residency in Messiah Village.

I (we) certify that the provided information is a true and complete statement of my (our) assets, liabilities and income and authorize Messiah Village to research any information for verification. I (we) acknowledge that any material misrepresentation or nondisclosure of assets and liabilities may affect my (our) applicant status or residency at Messiah Village. I understand Messiah Village may request proof of financial status.

Applicant 1 or Designee *(Signature):* _____ Date: _____

Applicant 2 or Designee *(Signature):* _____ Date: _____

EQUAL HOUSING OPPORTUNITY

Messiah Lifeways at Messiah Village welcomes all regardless of race, color, age, sex, religion, disability, national origin or ancestry. Admission to Residential Living at Messiah Lifeways at Messiah Village is limited to older adults age 62 and better. This is a smoke-free community.

Office use only:

Reviewed by:_____ Review Date:_____

☐ Approved ☐ Denied ☐ Other_____

Approved Floor Plan(s): _____

Megan's Law Conviction: ☐ Yes ☐ No

Checked by: _____

Date: _____