

PLEASE PRINT

APPLICANT 1

For which area of Moravian Manor are you applying? Residential Personal Care Healthcare

Name _____

Current Address _____

City _____ State _____ Zip _____

Telephone _____ 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 _____

Long Term Care Insurance: Yes No Name of Company _____

Amount _____ Benefit Term _____

Other Insurance Information _____

Family Physician _____

APPLICANT 2

For which area of Moravian Manor are you applying? Residential Personal Care Healthcare

Name _____

Current Address _____

City _____ State _____ Zip _____

Telephone _____ 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 _____

Long Term Care Insurance: Yes No Name of Company _____

Amount _____ Benefit Term _____

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 _____

Telephone _____ Cell Phone _____

E-mail _____

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

EMERGENCY CONTACTS

1. Name _____	Relationship _____
Address _____	City _____ State _____ Zip _____
Home Phone _____	Work Phone _____
Cell Phone _____	E-mail _____
2. Name _____	Relationship _____
Address _____	City _____ State _____ Zip _____
Home Phone _____	Work Phone _____
Cell Phone _____	E-mail _____
3. Name _____	Relationship _____
Address _____	City _____ State _____ Zip _____
Home Phone _____	Work Phone _____
Cell Phone _____	E-mail _____

MISCELLANEOUS

Name/Address where Religious Membership is held _____

Clergy Name _____ Religion _____
Telephone _____

ADDITIONAL WAITING LIST

If you are also interested in applying for residency at Warwick Woodlands, please indicate for which style home you are applying: Townhome Carriage Home Apartment

RELEASE

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

* _____
Applicant's Signature Date

* _____
Applicant's Signature Date

*Must be signed

FOR OFFICE USE ONLY

Priority Deposit Received: _____

Date

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

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:

	Current Balance
1. Bank _____	\$ _____
2. Bank _____	\$ _____

Savings Accounts:

1. Bank _____	\$ _____
2. Bank _____	\$ _____

Your personal information is strictly confidential and will not be sold or released to other parties.

(continued on back of page)

ASSETS *(Separate sheet may be used. Please indicate number of shares held and current value)*

Stocks and Bonds _____

Mutual Funds _____

Certificates of Deposit _____

REAL ESTATE *(in applicant's name)*

Type	Location	Current Value
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1. _____

2. _____

LIFE INSURANCE POLICIES *(on applicant's life, or owned by applicant)*

Company	Policy No.	Face Value	Cash Value
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1. _____

2. _____

3. _____

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 affirm the foregoing is a true and complete statement of facts known to me and is submitted as part of an application for residency at Moravian Manor. I do not intend to give away any of these assets. Should there be a change in this intention, the Director of Residency Planning will be notified.

*Signature _____ Date _____

*Signature _____ Date _____

If prepared by person other than applicant, show name, address, and telephone number below.

*Must be signed



300 West Lemon Street | Lititz, PA 17543 | 717-626-0214 | www.moravianmanor.org