



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.**

1. Complete the entire application and return it to the:
Welcome Center at Messiah Village | 100 Mt. Allen Drive | Mechanicsburg, PA 17055
or fax to 717-795-7695 or email to life@messiahlifeways.org
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 nonrefundable reservation fee is due when a specific accommodation is reserved.
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: <http://www.pameganslaw.state.pa.us/Registration.aspx?dt=>; 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.)

The application is being submitted for:

- Residential Living (Apartments & Cottages). Desired floor plan: _____
Desired move-in date: _____ Preferred Refund Level: 0% 50% 90%
- Enhanced Living (Personal Care). Desired floor plan: _____
Desired move-in date: _____
- Nursing Care
Desired move-in date: _____



Applicant 1 Information:

Name _____ Date of Birth _____ Age _____
 Sex _____ Marital Status _____
 Address _____ City _____ State _____ Zip _____
 Email _____
 Home # () _____ Cell # () _____
 Current/Former occupation _____ Education _____
 Social Security # _____ Medicare # _____
 Secondary medical insurance (Medicare supplement) or HMO name _____
 Contract/Identification # _____ Group # _____
 Medical Assistance # _____
 Physician's name _____ Phone # () _____
 Desired Level of Living: Residential Living Enhanced Living Nursing

Applicant 2 Information:

Name _____ Date of Birth _____ Age _____
 Sex _____ Marital Status _____
 Address _____ City _____ State _____ Zip _____
(if different from applicant 1)
 Email _____
 Home # () _____ Cell # () _____
 Current/Former occupation _____ Education _____
 Social Security # _____ Medicare # _____
 Secondary medical insurance (Medicare supplement) or HMO name _____
 Contract/Identification # _____ Group # _____
 Medical Assistance # _____
 Physician's name _____ Phone # () _____
 Desired Level of Living: Residential Living Enhanced Living Nursing

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
 Street address _____ City _____ State _____ Zip Code _____
 Home # () _____ Work # () _____ Cell # () _____
 Email _____

2. Name _____ Relation _____ Power-of-attorney? Yes No
 Street address _____ City _____ State _____ Zip Code _____
 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
Residence Value \$ _____ <i>(Provide address if different from application information)</i> Address _____ City _____ State _____ Zip _____	\$ _____	\$ _____	\$ _____	\$ _____
Stocks/Investments/IRA	\$ _____	\$ _____	\$ _____	\$ _____
Bonds, Liquid Annuities	\$ _____	\$ _____	\$ _____	\$ _____
Revocable Trust	\$ _____	\$ _____	\$ _____	\$ _____
CDs	\$ _____	\$ _____	\$ _____	\$ _____
Savings/Checking	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____
Additional Real Estate Value <i>(if not being used for rental income)</i> \$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Address _____				
Annuity <i>(variable annuity with value that is drawn down on)</i> \$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Loans Receivable	\$ _____	\$ _____	\$ _____	\$ _____

Liabilities	Applicant 1 Only	Applicant 2 Only	Joint	Total
Mortgage Debt	\$ _____	\$ _____	\$ _____	\$ _____
Credit Card <i>*If not paid monthly in full</i>	\$ _____	\$ _____	\$ _____	\$ _____
Other <i>(Specify)</i> _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____	\$ _____	\$ _____

Net Income	Applicant 1 Only	Applicant 2 Only	Joint	Total
Social Security	\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month
Pension	\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month
Applicant 1 – Right of Survivorship <input type="checkbox"/> Yes <input type="checkbox"/> No			Right of Survivorship % _____%	
Applicant 2 – Right of Survivorship <input type="checkbox"/> Yes <input type="checkbox"/> No			Right of Survivorship % _____%	
Annuity <i>(fixed annuity for life)</i> Type: _____	\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month
Other <i>(i.e. Trusts/Interest/Dividends)</i>	\$ _____	\$ _____	\$ _____	\$ _____
Rental Income <i>(do not include home as asset)</i>	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____	\$ _____	\$ _____

Please indicate the total amount of any assets or real estate gifted or sold at less than fair market value in the last 5 years \$ _____

Please indicate the total amount of any assets transferred to an Irrevocable Trust in the last 5 years \$ _____

Continue on back...

Long-Term Care Insurance: (please provide a copy of Summary of Benefits)

	Applicant 1	Applicant 2
Monthly Premium	\$ _____	\$ _____
Predetermined Annual Increase	_____ \$ or %	_____ \$ or %
Benefit Period	_____ Years	_____ Years
Elimination Period	_____ Days	_____ Days

Coverage	Applicant 1	Applicant 2	Inflation Rate
Maximum Coverage	\$ _____	\$ _____	_____
Assisted Living	\$ _____ /Day	\$ _____ /Day	_____
Skilled Nursing	\$ _____ /Day	\$ _____ /Day	_____

I (we) understand that the Financial Disclosure Statement provided has been submitted for the purpose of obtaining admission to 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 (Signature) _____ Date _____
(or person completing form on applicant's behalf)

Applicant 2 (Signature) _____ Date _____
(or person completing form on applicant's behalf)

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.

Review Date _____ Reviewed By _____ Approved Denied Approved Floor Plan(s) _____

For Office Use Only

Megan's Law Conviction Yes No Date _____ Initials _____