

**Welsh Mountain Home
567 Springville Road
New Holland, PA
(717) 355-9522**

APPLICATION FOR RESIDENCY

ACCOMMODATIONS DESIRED

Residential Living Personal Care Home

Please indicate size:

_____ Single room with shared bathroom

_____ Personal care single room with bathroom

_____ Personal care shared room with shared bathroom

PERSONAL DATA

Name of applicant _____ Telephone _____
First Middle Last

Address: _____
Street City State Zip

Place of birth (township/county/state) _____ Date of birth ____/____/____ Age _____

Social Security No.: _____ Medicare ID: _____

Marital status: never married _____ married _____ widowed _____ divorced _____

Medicare Supplement: _____ Policy No.: _____

Pace Card No.: _____ Effective Date: _____

Retirement Annuity Plan: [] Yes [] No If yes, name of company: _____

Physician Name: _____ Telephone: _____

Religious Preference: _____ Church: _____

If appointed, Power of Attorney _____ Telephone _____

Address _____ Relationship _____

Persons (spouse, children or significant other) to be contacted if unable to get in touch with applicant:

Name	Relationship	Address (Street/City/State)	Telephone (with area code)
		Email:	Home: Work: Mobile:
		Email:	Home: Work: Mobile:
		Email:	Home: Work: Mobile:

The applicant will be contacted when the desired accommodation is available. If someone other than the applicant should be contacted, place a check mark in the box next to the person's name.

OPTIONAL INFORMATION

Preferred Funeral Director _____ Telephone _____

Is burial pre-paid? Yes _____ No _____ Do you have a burial space? Yes _____ No _____

FINANCIAL STATEMENT (Please answer all questions)

Have you assigned and/or transferred any assets for less than fair market value within the last five (5) years?

Yes _____ No _____

If yes, please explain (include value of assets): _____

Assets *Please indicate whether Joint (J) or Individual (I)

Checking, Savings & Certificates of deposit * _____ \$ _____
 Mutual funds, Stocks & Bonds * _____ \$ _____
 Trust funds * _____ \$ _____
 Revocable annuities * _____ \$ _____
 Retirement fund (IRA) * _____ \$ _____
 Value of business * _____ \$ _____
 Loan to others * _____ \$ _____
 Other (Specify): _____ \$ _____
TOTAL ASSETS \$ _____

Applicant's Monthly Income
 Social Security \$ _____
 Pensions \$ _____
 Annuities \$ _____
 Dividends & interest \$ _____
 Revocable annuities * _____ \$ _____
 Rental income \$ _____
 Other (Specify): \$ _____
TOTAL (Monthly Income) \$ _____

Liabilities
 Credit card debt \$ _____
 Notes payable \$ _____
 Other (Specify): \$ _____
TOTAL LIABILITIES \$ _____

Description of Real Estate

Property and Location	Date Acqui (Approx)	Purchase Pr (Approx.)	Remaining Mortg	Fair Market Va

I own the above assets and they are available for payment of services I may receive at Welsh Mountain Home.

I certify the above information to be true and correct and authorize Welsh Mountain Home to research any above information for verification. I understand that Welsh Mountain Home may request proof of financial status. I understand that this application is not binding on Welsh Mountain Home or me. It simply expresses my interest in becoming a resident and submitted to be placed on file; all information is held in strict confidence.

Signature of applicant

Signature of person completing application, if other than applicant

Date

Authorized Signature: _____ Date: _____