



12 Lutheran Home Drive
 Telford, PA 18969
 (267) 203-1402

3250 State Road
 Sellersville, PA 18960
 (267) 429-3345

FINANCIAL APPLICATION FOR RESIDENCY

Independent Living

At which community are you applying for residence:

- Lutheran Community at Telford
 The Community at Rockhill BOTH

APPLICANT #1

Name _____ Gender: M F Date of Birth: _____
 Marital Status: S M W D Are you retired? Y N Social Security #: _____
 Former Occupation _____ Medicare #: _____

APPLICANT #2 (if applicable)

Name _____ Gender: M F Date of Birth: _____
 Marital Status: S M W D Are you retired? Y N Social Security #: _____
 Former Occupation _____ Medicare #: _____

Address _____
 City _____ State _____ Zip Code _____
 Phone 1: _____ Phone 2: _____
 Email 1: _____ Email 2: _____
 Religious Affiliation: _____ Place of Membership: _____

Have you (or your spouse) transferred or divested assets in the past 5 years? (This includes assets held jointly with another person that are no longer in your name.) Yes No

If Yes, date of transfer: _____

If Yes, please explain: _____

FINANCIAL SUMMARY

Financial documentation and verification is required at the time an apartment or cottage is available.

	JOINT	APPLICANT #1	APPLICANT #2
Primary Residence <i>(Current Market Value)</i>			
Mortgage Balance			
Home Equity Line of Credit <i>(amount owed)</i>			
Reverse Mortgage <i>(amount owed)</i>			
Name in which residence is deeded			
Other Real Estate <i>(Current Value minus Loans)</i>			
Savings Account Balance			
Checking Account Balance			
Money Market Account Balance			
Certificate of Deposit Value			
Stock Values			
Mutual Funds			
Bonds/Bond Funds			
IRA/401K Value			
Distribution Amount			
<i>Please note frequency M Q Y</i>			
Annuity Value <i>are you receiving distribution Y N</i>			
<i>Amount of monthly payment</i>			
Trust Account Value			
<i>Is this irrevocable?</i>	Yes No		
<i>Is this available for your care?</i>	Yes No		
Life Insurance CASH SURRENDER VALUE			
Burial Reserve			
Other Assets <i>Please describe</i>			

FINANCIAL SUMMARY CONTINUED

Please complete with **NET** monthly income, not gross monthly income.

INCOME

	JOINT	APPLICANT #1	APPLICANT #2
Social Security Income	N/A		
Pension	What portion will remain for your spouse in the event of your death? _____ %		
IRA/401K Distribution	N/A		
Annuity Payment			
Loan or Mortgage Owed to You <i>Please explain payback items</i>			
Other Income <i>Please describe</i>			

MONTHLY EXPENSES

	JOINT	APPLICANT #1	APPLICANT #2
Auto Insurance			
Auto payment <i>(monthly loan or lease expense)</i>			
Supplemental Insurance Premium	N/A		
Life Insurance	N/A		
Long Term Care Insurance	N/A		
Medicare Part D	N/A		
Prescriptions	N/A		
Credit Card Debt			
Other expenses <i>(donations, cell phone, travel, etc.)</i>			

LONG-TERM CARE INSURANCE

EXAMPLE

APPLICANT #1

APPLICANT #2

Benefit period (indicate number of years or record "L" for lifetime)	3 years		
Elimination period (i.e., the number of days from 0-365 before benefit starts)	90 days		
Daily benefit for personal care in current dollars	\$90.00		
Daily benefit in nursing care in current dollars	\$160.00		
Does the policy include a benefit inflation adjustment rider?	YES		
If so, indicate the inflation amount	3.0%		
Premium (paid monthly, quarterly or annually?)	\$300 quarterly		
Assumed inflation rate on premiums	4.0%		

CONTACT INFORMATION

Please include someone we may contact if we are unable to get in touch with you while on our waitlist.

Name _____ Relationship _____
Address _____
City _____ State _____ Zip Code _____
Home Phone # _____ Cell Phone # _____
Email _____ Is this Person your Power of Attorney? _____

PRIMARY CARE PHYSICIAN

Name _____ Office _____
Address _____
City _____ State _____ Zip Code _____
Phone # _____ Fax # _____

SUPPLEMENTAL INSURANCE

Company _____ Policy # _____

LONG-TERM CARE INSURANCE *(if applicable)*

Company _____ Policy # _____
Effective Date _____



MEGAN'S LAW

Grace Inspired Living Communities are committed to providing a safe living environment for our residents and staff. It is the policy of our communities to screen all incoming potential Residents against the applicable Megan's Law Websites. We reserve the right to deny admission to anyone found listed on the Megan's Law websites. By signing below, I (we) acknowledge that I am (we are) not required to register under any Federal or State "Megan's Law" statute, or have registered, if required to do so under any of the same statutes.

APPLICANT #1 Signature _____ Date _____

APPLICANT #2 Signature _____ Date _____

RESIDENCE DESIRED

(Please select ALL locations you would like to apply for.)

THE COMMUNITY AT ROCKHILL

- | | |
|-----------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Alderfer/Canopy Studio | <input type="checkbox"/> Waterfall One Bedroom |
| <input type="checkbox"/> Alderfer/Canopy One Bedroom | <input type="checkbox"/> Waterfall Two Bedroom - One Bath |
| <input type="checkbox"/> Alderfer/Canopy Two Bedroom - One Bath | <input type="checkbox"/> Waterfall Two Bedroom - 1.5 Bath |
| <input type="checkbox"/> Alderfer/Canopy Two Bedroom - 1.5 Bath | <input type="checkbox"/> Waterfall Two Bedroom - Two Bath |
| <input type="checkbox"/> Alderfer/Canopy Two Bedroom - Two Bath | |

LUTHERAN COMMUNITY AT TELFORD

APARTMENTS

- Luther Village Efficiency/Studio
- Luther Village One Bedroom
- Harbinger Terrace One Bedroom
- Harbinger Terrace Two Bedroom
- The Meadows One Bedroom (sm.)
- The Meadows One Bedroom (lg.)
- The Meadows Two Bedroom

COTTAGE/DUPLEX

- Church Avenue One Bedroom
- Church Avenue Two Bedroom
- Luther Village Cottage
- Luther Village Duplex
- Meadows Twin Cottage w/ Patio
- Meadows Twin Cottage w/ Sunroom

SUMMERFIELD

- Sycamore
- Cypress
- Willow



You may apply for residency at both Grace Inspired Living communities (The Community at Rockhill and Lutheran Community at Telford) and join BOTH waitlists. If applying to both communities, please select below which of our campuses is your preferred future home.

- The Community at Rockhill Lutheran Community at Telford

ACKNOWLEDGMENT

Once an applicant has been accepted as a resident of The Community at Rockhill (CAR) or Lutheran Community at Telford (LCT), CAR and LCT will not terminate the residential status for financial reasons. However, CAR and LCT expects, and the applicant understands, that all financial information provided is accurate and current. Any change or transfer to another person or to another entity of applicant's assets or any change by the applicant in the value of his/her assets made without knowledge and consent of The Community at Rockhill and Lutheran Community at Telford will be considered of a change of status and a basis for reevaluation of applicants (or resident's) status and eligibility to be or remain a resident. I (We) agree 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, if I (we) do so, then I (We) may be ineligible for admission to any level of care at The Community at Rockhill or Lutheran Community at Telford and may be ineligible for financial assistance from The Community at Rockhill or Lutheran Community at Telford.

I (we), _____, herewith submit the attached information for admission to The Community at Rockhill and/or Lutheran Community at Telford, and so declare and affirm that the facts contained therein are true and correct to the best of my (our) information, knowledge and belief. Further, I (We) do hereby declare that I (we) have read, and understand the admission and application policies governing residence in The Community at Rockhill and Lutheran Community at Telford and agree to accept and be governed by them and any amendments thereto, without reservation.

Upon notice of acceptance, and at or before entrance into The Community at Rockhill or Lutheran Community at Telford, I (we) will comply with the financial requirements of the plan of admission for which I have been approved and will be admitted, and will complete any and all other forms or documents that may be required.

APPLICANT #1 Signature _____ Date _____

APPLICANT #2 Signature _____ Date _____

Name of person completing this form other than Applicant #1 or #2 Print Name _____

Relationship _____ Signature _____ Date _____



RESIDENTIAL LIVING DEPOSIT

A \$100 deposit is required with the submission of this application for admission. If an applicant is not approved, the \$100 deposit is refunded in full. Upon notification of approval of an application, a refundable retainer fee for the Residential Living Waitlist is due.

- **If you wish to join the waitlist for ONE community** (The Community at Rockhill **OR** Lutheran Community at Telford), a retainer deposit of \$1,000.00 is due. *(Please make check payable to the community whose waitlist you wish to join.)*
- **If you wish to join the waitlist for BOTH communities** (The Community at Rockhill and Lutheran Community at Telford), a retainer deposit of \$1,500.00 is due. *(Please make check payable to the community that is your first choice for residency.)*

APPLICANT #1 Signature _____ Date _____

APPLICANT #2 Signature _____ Date _____