



# 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](mailto: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.**

<b>Assets</b>	<b>Applicant 1 Only</b>	<b>Applicant 2 Only</b>	<b>Joint</b>	<b>Total</b>
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	\$ _____	\$ _____	\$ _____	\$ _____

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

<b>Net Income</b>	<b>Applicant 1 Only</b>	<b>Applicant 2 Only</b>	<b>Joint</b>	<b>Total</b>
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>	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTAL MONTHLY INCOME</b>	\$ _____	\$ _____	\$ _____	\$ _____

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)

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

<b>Coverage</b>	<b>Applicant 1</b>	<b>Applicant 2</b>	<b>Inflation Rate</b>
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 \_\_\_\_\_