/ Inited Zion etirement Community

722 Furnace Hills Pike Lititz, PA. 17543 717-626-2071

INITIAL APPLICATION FOR RESIDENCY

It is the policy of United Zion Retirement Community (UZRC) to consider for residency all persons regardless of race, age, sex, color, national origin, ancestry, religious creed, handicap or disability. Apartment and cottage residents must be 62 years or older or at the expected age of residency, if applying as two applicants, one applicant must be 62 years or older.

ACCOMMODATIONS DESIRED:

Cottage	Apartment	Personal Care	Nursing Care	
What would b	e your ideal timing for	future residency? (Month	& year)	
PERSONAL INF	ORMATION			
Youngest Applica	ant	<u>Secor</u>	nd Applicant (Indicate	"same" as applies)
Name				
Address				
Land Line Phone	2			
Cell Phone				
Email Address _				
Date of Birth	Age	Date	of Birth	_Age
Primary Occupat	ion			
Year of Retireme	ent			
Religious Affilia	tion (Denomination)			-
Name of Congre	gation			
City/State				
Check one: Single M	larried Widow	w(er) Divorced	l Other	

Office Use only: Date application received:

Notes:

FINANCIAL INFORMATION

(If assets, liabilities, or income are joint, divide equally between applicants or list in one column.)

Youngest Applicant

Second Applicant

ASSETS: Cash/Checking Savings/Money Mkt. CD's Variable Annuities Mutual Funds IRA's Stocks & Bonds 403(b) / 401K Home Value Other Real Estate Trust Funds Trust Funds Trust Type: Revocable Value of business	\$ \$	ASSETS: Cash/Checking Savings/Money Mkt. CD's Variable Annuities Mutual Funds IRA's Stocks & Bonds 403(b) / 401K Home Value Other Real Estate Trust Funds Trust Funds Trust Type: Revocable _ Value of business	\$ _		
Loans to others Other	\$ \$	Loans to others	\$		
TOTAL	\$ \$	Other TOTAL	\$ \$		
LIABILITIES: (Princip Auto Loan/Lease	\$	LIABILITIES: (Princip Auto Loan/Lease	\$		
Mortgage	\$	Mortgage	\$		
Notes Payable	\$	Notes Payable	\$		
Credit Card Debt	\$	Credit Card Debt	\$		
Other Debt	\$	Other Debt	\$		
TOTAL	\$	TOTAL	\$		
<u>INCOME</u> : (Monthly an Social Security Pensions Pension Survivor Be Fixed Annuity Inc. Rental Income Other Income TOTAL	\$ \$	<u>INCOME</u> : (Monthly an Social Security Pensions Pension Survivor B Fixed Annuity Inc. Rental Income Other Income TOTAL	nounts) \$ \$		
Address and type of ot	her real estate:				
Information on Busine	ss:				
Have you assigned and	d/or transferred any assets for le	ess than fair market valu	e within the past five		
Do you own assets or have income not listed in the above section? Yes / No					
•					
If yes, explain:					

Youngest Applicant	Second Applicant
Social Security Number	
Long-Term Care Insurance: Yes No	Yes No
Insurance Carrier	
Member #	
Note: In order to receive credit for long-term care coverage	e, supply a copy of your benefits summary page.
Describe special interests or hobbies:	Describe special interests or hobbies:
How did you first learn about United Zion Retiremen	nt Community?
Who was the person of greatest influence in your dec	cision to apply?
	Relationship to you
Do you intend to bring a pet? Yes No	If yes, describe:

Have you consulted with an attorney about financial planning for long-term care needs?

Yes <u>No</u> If yes, explain:

In order to determine my (our) eligibility for residency, I (we) understand that United Zion Retirement Community (UZRC) will investigate my (our) background and the completeness and accuracy of the information provided above. I (we) certify the information in this application and the supporting documentation I/we provided to be complete and accurate and authorize United Zion Retirement Community to investigate any of the above information for verification. I/we understand that such an investigation may include but is not limited to reviewing and verifying the documents I/we have provided, conducting a search of property value websites (such as Zillow.com) and conducting a search of Sex Offender Registries. I (we) understand any misrepresentation, including financial, insurance and health information, may be considered grounds for refusal of admission or termination of residency thereafter. I (we) understand that UZRC reserves the right to deny admission to anyone found listed on federal and state sex offender websites. The above described verifications and investigations will be used solely to evaluate applicants' eligibility for residency, and will not be used to discriminate on the basis of race, age, sex, color, national origin, ancestry, religious creed, handicap or disability.

I (we) understand that this application is not binding on UZRC or the applicant(s). It simply expresses interest in becoming a resident and is submitted to be placed on file; all information is held in the strictest confidence. I (we) understand that I (we) may be denied residency based on UZRC's findings.

Applicant's Signature	Date	
Second Applicant's Signature	Date	
10-2014		