



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

Office Use only: Date application received: _____ Notes:  
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**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 be your ideal timing for future residency? (Month & year)\_\_\_\_\_

**PERSONAL INFORMATION**

**Youngest Applicant**

**Second Applicant** (Indicate "same" as applies)

Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Land Line Phone \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Primary Occupation \_\_\_\_\_

\_\_\_\_\_

Year of Retirement \_\_\_\_\_

\_\_\_\_\_

Religious Affiliation (Denomination) \_\_\_\_\_

\_\_\_\_\_

Name of Congregation \_\_\_\_\_

\_\_\_\_\_

City/State \_\_\_\_\_

\_\_\_\_\_

Check one:

Single \_\_\_\_\_ Married \_\_\_\_\_ Widow(er) \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_

**FINANCIAL INFORMATION**

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

**Youngest Applicant**

**ASSETS:**

Cash/Checking \$ \_\_\_\_\_  
 Savings/Money Mkt. \$ \_\_\_\_\_  
 CD's \$ \_\_\_\_\_  
 Annuities \$ \_\_\_\_\_  
 Mutual Funds \$ \_\_\_\_\_  
 IRA's \$ \_\_\_\_\_  
 Stocks & Bonds \$ \_\_\_\_\_  
 403(b) / 401K \$ \_\_\_\_\_  
 Home Value \$ \_\_\_\_\_  
 Other Real Estate \$ \_\_\_\_\_  
 Trust Funds \$ \_\_\_\_\_  
 Value of business \$ \_\_\_\_\_  
 Loans to others \$ \_\_\_\_\_  
 Life Insurance \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

**LIABILITIES:** (Principle amounts)

Auto Loan/Lease \$ \_\_\_\_\_  
 Mortgage \$ \_\_\_\_\_  
 Notes Payable \$ \_\_\_\_\_  
 Credit Card Debt \$ \_\_\_\_\_  
 Other Debt \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

**INCOME:** (Monthly amounts)

Social Security \$ \_\_\_\_\_  
 Pensions \$ \_\_\_\_\_  
 Interest (monthly) \$ \_\_\_\_\_  
 Dividends (monthly) \$ \_\_\_\_\_  
 Annuity income \$ \_\_\_\_\_  
 Rental Income \$ \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

**Second Applicant**

**ASSETS:**

Cash/Checking \$ \_\_\_\_\_  
 Savings/Money Mkt. \$ \_\_\_\_\_  
 CD's \$ \_\_\_\_\_  
 Annuities \$ \_\_\_\_\_  
 Mutual Funds \$ \_\_\_\_\_  
 IRA's \$ \_\_\_\_\_  
 Stocks & Bonds \$ \_\_\_\_\_  
 403(b) / 401K \$ \_\_\_\_\_  
 Home Value \$ \_\_\_\_\_  
 Other Real Estate \$ \_\_\_\_\_  
 Trust Funds \$ \_\_\_\_\_  
 Value of business \$ \_\_\_\_\_  
 Loans to others \$ \_\_\_\_\_  
 Life Insurance \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

**LIABILITIES:** (Principle amounts)

Auto Loan/Lease \$ \_\_\_\_\_  
 Mortgage \$ \_\_\_\_\_  
 Notes Payable \$ \_\_\_\_\_  
 Credit Card Debt \$ \_\_\_\_\_  
 Other Debt \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

**INCOME:** (Monthly amounts)

Social Security \$ \_\_\_\_\_  
 Pensions \$ \_\_\_\_\_  
 Interest (monthly) \$ \_\_\_\_\_  
 Dividends (monthly) \$ \_\_\_\_\_  
 Annuity income \$ \_\_\_\_\_  
 Rental Income \$ \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

Address and type of other real estate: \_\_\_\_\_

Have you assigned and/or transferred any assets for less than fair market value within the past five years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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, 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 Retirement Community?

\_\_\_\_\_

Who was the person of greatest influence in your decision 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 \_\_\_    No \_\_\_    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 \_\_\_\_\_