



# WOODCREST VILLA

BY TANDEM LIVING

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Date: \_\_\_\_\_

## APPLICATION FOR RESIDENCY AT WOODCREST VILLA – By Tandem Living

Please note Woodcrest Villa requires a \$300 non-refundable application fee.

This fee will be applied to the entrance fee upon move-in.

Payment should be made to "Tandem Living" and submitted with application to Woodcrest Villa.

### Accommodation(s) Desired

Apartment    \_\_\_ Studio  
                  \_\_\_ 1 bedroom  
                  \_\_\_ 1 bedroom/den  
                  \_\_\_ 2 bedroom  
                  \_\_\_ 2 bedroom/den

Villa        \_\_\_ 2 bedroom  
                  \_\_\_ 2 bedroom/den

\_\_\_\_\_ Desired Total Square Footage

### Desired Date of Residency

\_\_\_\_\_

We ask that you please answer all questions as completely and accurately as possible. Confidentiality is very important to us and all information is held in strict confidence.

### FAMILY HISTORY

Full Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

Married \_\_\_\_\_ If so, Anniversary Date \_\_\_\_\_

Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ If so, date of Spouse's death \_\_\_\_\_

Full Name of Spouse \_\_\_\_\_

List your children:

Name

Address

Telephone

\_\_\_\_\_  
\_\_\_\_\_

## HEALTH INFORMATION

Please note: We strongly encourage all residents to select a local physician prior to moving in, in case of emergency.

Social Security Number \_\_\_\_\_ Medicare Number \_\_\_\_\_ Part A \_\_ B \_\_ D \_\_

Medicare Advantage Plan \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

## PERSONAL HISTORY

What was your profession, trade or occupation? \_\_\_\_\_

Are you retired? If so, from where? \_\_\_\_\_

Do you still work? If so, where? \_\_\_\_\_

What are your hobbies/interests? \_\_\_\_\_

List any family or friends that currently live or work at Woodcrest Villa \_\_\_\_\_  
\_\_\_\_\_

What are your expectations of a retirement community? \_\_\_\_\_  
\_\_\_\_\_

What would you hope to contribute to Woodcrest Villa as a resident? \_\_\_\_\_  
\_\_\_\_\_

Do you plan to bring a pet? \_\_\_\_ If so, what kind? \_\_\_\_\_ Age of pet? \_\_\_\_\_

Have you ever been a resident in any Retirement Community, mental health, or extended care facility? \_\_\_\_\_  
If so, where? \_\_\_\_\_

Have you appointed a Durable Power of Attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_

(\*We require all residents to appoint a Durable Power of Attorney prior to moving in\*)

Have you lived in Pennsylvania the last 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, where else have you lived? \_\_\_\_\_

*Woodcrest Villa is a non-smoking campus.*

# WOODCREST VILLA FINANCIAL STATEMENT

Please indicate if this is a joint financial statement or of an individual. Joint \_\_\_\_ Individual \_\_\_\_

**\*\*Financial statements to verify assets listed are required to be submitted with this application if you are interested in moving to Woodcrest Villa within the next 6 months \*\***

Please answer all questions as completely and accurately as possible. Confidentiality is very important to us and all information is held in strict confidence.

Do you have assets in a Revocable Trust? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Do you have assets in an Irrevocable Trust? \_\_\_\_\_ Yes \_\_\_\_\_ No

Within the past five years, have you or your spouse:

- Transferred or gifted: real estate, automobiles, monetary gifts, bank accounts, stocks/bonds, life insurance or other assets
- Sold real estate, automobiles or other assets at less than Fair Market Value?

Yes\_\_\_\_ No\_\_\_\_ (please check one) If yes, what and when?\_\_\_\_\_

ASSETS		SOURCE OF INCOME (MONTHLY - NET)	
Cash	_____	Social Security	_____
Checking	_____	Pensions	_____
Savings	_____	Dividends and Interest	_____
Money Market Account	_____	Required Minimum Distribution	_____
Certificates of Deposit	_____	Other Income	_____
Real Estate Owned – <i>See Below</i>	_____	<b>TOTAL MONTHLY INCOME</b>	_____
Stocks, Securities, and Bonds	_____		
IRA	_____		
401K	_____	<b>LIABILITIES</b>	
Annuities	_____	Notes Payable	_____
Trust Account	_____	Mortgages Payable	_____
Other Assets	_____	Credit Card Debt	_____
		Car Loan	_____
		Other Debts	_____
<b>TOTAL ASSETS AVAILABLE</b>	_____	<b>TOTAL LIABILITIES</b>	_____

**REAL ESTATE OWNED**

(Place an asterisk (\*) by primary residence)

Location	Date Acquired	Cost	Market Value
_____	___ / ___ / ___	_____	_____
_____	___ / ___ / ___	_____	_____

**MISCELLANEOUS FINANCIAL DATA**

Life Insurance? Yes \_\_\_\_ No \_\_\_\_ Value \_\_\_\_ Whole Life? \_\_\_\_  
 Long Term Care Insurance? Yes \_\_\_\_ No \_\_\_\_ Value \_\_\_\_ Carrier \_\_\_\_  
 Prepaid Burial Fund? Yes \_\_\_\_ No \_\_\_\_ Value \_\_\_\_ Location \_\_\_\_\_

**SIGNATURE REQUIRED ON THIS PAGE**  
**SIGNATURES**

I hereby certify that the above information is correct and complete to the best of my knowledge. I understand that any misrepresentation could result in the forfeiture of my application or status as a resident of Tandem Living. I understand that this application does not obligate Tandem Living in any way and is submitted to be placed on file and that the above information is strictly confidential.

I understand that it is the policy of Tandem Living to screen all incoming potential residents against the applicable Megan's Law websites to ensure that Tandem Living is not providing admission to any person who is registered as a "sexually violent predator" or "sexual offender." In addition, Tandem Living also conducts a criminal background check of all incoming potential residents. Tandem Living reserves the right to deny admission to anyone found listed on federal and state Megan's Law websites or with a criminal record.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Applicant or Power of Attorney or Responsible Party



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**FOR WOODCREST VILLA ADMINISTRATIVE USE ONLY**

Date application received/ Senior Living Counselor \_\_\_\_\_

Waiting List date \_\_\_\_\_

Chief Financial Officer Review/Date \_\_\_\_\_

Accepted \_\_\_\_\_ Not Accepted \_\_\_\_\_ Reason \_\_\_\_\_

Megan's Law check \_\_\_\_\_ Criminal background check \_\_\_\_\_

Progress Notes:

Revised 12/8/2023