

Bethany Village Residency Application

I am applying for residency to:

Bethany Cottages

- East
- Aspen
- Hickory
- Chestnut
- Estate

Bethany Court Apartments

- St. Simons
- Nashville
- Dayton
- Junaluska
- Nashville II
- Junaluska II

Bethany Center Rental Apartments

- Oxford
- Strawbridge

Bethany West Apartments

- Penn
- Eisenhower
- Meade
- Carnegie
- Marshall
- Buchanan
- Franklin

- All age-qualified individuals are welcome at Bethany Village.
- To qualify for a cottage or apartment home residency at Bethany Village, you must be at least age 55 upon entering. For couples, both persons must be at least 55.
- Access to personal medical information will be required prior to move-in.
- Upon moving in, you will be asked to submit financial paperwork to verify the amounts on your application.

Name _____ Date of Birth _____
Mr. Mrs. Miss Ms. Other (Circle One)

Spouse or Co-Applicant _____ Date of Birth _____
Mr. Mrs. Miss Ms. Other (Circle One)

Address _____

City _____ State _____ Zip _____ Telephone (____) _____

E-mail _____ Cell Phone (____) _____

Additional Contact Person

Name _____ Relationship to Applicant(s) _____
Mr. Mrs. Miss Ms. Other (Circle One)

Address _____

City _____ State _____ Zip _____ Telephone (____) _____

E-mail _____ Cell Phone (____) _____

The following list shows the primary insurances that Bethany Village currently accepts. If your insurance is not noted below, please notify us prior to application. AETNA, AETNA BETTER HEALTH, AMERIHEALTH CARITAS, CAPITAL ADVANTAGE ASSURANCE COMPANY, CAPITAL ADVANTAGE INSURANCE COMPANY, CAPITAL BLUE CROSS, CIGNA, FIRST HEALTH NETWORK, FREEDOM BLUE, HEALTH AMERICA HEALTH ASSURANCE, HIGHMARK BLUE SHIELD, HIGHMARK MEDICARE ADVANTAGE, HUMANA CHOICE CARE, KEYSTONE HEALTH PLAN, MEDICARE A, MEDICARE B, MULTI PLAN, BLUE JOURNEY, TRICARE PRIME, TRICARE STANDARD, UMWA HEALTH & RETIREMENT, VIBRA HEALTH PLAN.

Please return this application to:

Bethany Village Marketing Department
325 Wesley Drive • Mechanicsburg, PA 17055 • 717-766-0279

Financial Statement — Financial information must be verified prior to move in.

Indicate Your Assets:

	Applicant	Joint	Spouse/Co-Applicant
Real Estate:	\$ _____	_____	_____
Savings/CD:	\$ _____	_____	_____
Stocks/Equity Funds:	\$ _____	_____	_____
Bonds/Bond Funds:	\$ _____	_____	_____
Life Insurance:	\$ _____	_____	_____
IRA/401K:	\$ _____	_____	_____
Other _____:	\$ _____	_____	_____

Indicate Your MONTHLY Income:

	Applicant	Joint	Spouse/Co-Applicant
Social Security (Gross):	\$ _____	_____	_____
Pension (Gross):	\$ _____	_____	_____
Annuity:	\$ _____	_____	_____
Income from Savings/CD:	\$ _____	_____	_____
Income from IRA/401K:	\$ _____	_____	_____
Other _____:	\$ _____	_____	_____

Monthly Expenses:

	Applicant	Joint	Spouse/Co-Applicant
Life Insurance Premiums:	\$ _____	_____	_____
Medical Costs/Prescriptions:	\$ _____	_____	_____
Meals/Groceries:	\$ _____	_____	_____
Utilities:	\$ _____	_____	_____
Travel/Entertainment:	\$ _____	_____	_____
Mortgage:	\$ _____	_____	_____
Other _____:	\$ _____	_____	_____

Long Term Care Insurance On Applicant: (yes/no) Spouse/Co-Applicant: (yes/no)

Annual Premium: _____	Inflation Adjustment: _____
% Premium Inflation: _____	Benefit Period: _____
Elimination Period: _____	Nursing Care Daily Benefit: _____
	Assisted Living Daily Benefit: _____

Cottage/Apartment Applicants

I hereby declare that all information, including my financial statement, is true to the best of my knowledge. A nonrefundable, nontransferable application fee of \$200 is required for Bethany Village waiting lists with the exception of rentals. A refundable, transferable application fee of \$500 is required for rental apartment waiting lists.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

