

BETHANY VILLAGE RESIDENCY APPLICATION

I am applying for residency to:

Bethany East Cottages

Embury/Webb

Bethany East Court Apartments

St. Simons

Nashville

Dayton

Junaluska

Nashville II

Junaluska II

Bethany East Center Rental Apartments

Oxford

Strawbridge

Bethany West Cottages

Aspen

Hickory

Chestnut

Estate Home

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.

Applicant #1 _____ Date of Birth _____
Mr. Mrs. Miss Ms. Other (Circle One)

Applicant #2 _____ Date of Birth _____
Mr. Mrs. Miss Ms. Other (Circle One)

Address _____

City _____ State _____ Zip _____ Telephone (____) _____

E-mail #1 _____ Cell Phone #1 (____) _____

E-mail #2 _____ Cell Phone #2 (____) _____

Additional Contact Person

Name _____ Relationship to Applicant(s) _____

E-mail _____ 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, TRICARE PRIME, TRICARE SELECT, UMWA HEALTH & RETIREMENT, VIBRA HEALTH PLAN, UPMC COMMUNITY HEALTH CHOICES, UPMC HEALTH PLAN.

Please return this application to:

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



Indicate Your Assets:

Applicant #1

Joint

Applicant #2

Primary Residence:	\$ _____	_____	_____
Other Real Estate:	\$ _____	_____	_____
Savings/CD:	\$ _____	_____	_____
Stocks/Equity Funds:	\$ _____	_____	_____
Bonds/Bond Funds:	\$ _____	_____	_____
Life Insurance: <input type="checkbox"/> Term Life <input type="checkbox"/> Whole Life	\$ _____	_____	_____
Annuity:	\$ _____	_____	_____
IRA: <input type="checkbox"/> Roth <input type="checkbox"/> Traditional	\$ _____	_____	_____
401K:	\$ _____	_____	_____
Trust: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	\$ _____	_____	_____
Other _____:	\$ _____	_____	_____

Indicate Your MONTHLY Income:

Applicant #1

Joint

Applicant #2

Social Security (Gross):	\$ _____	_____	_____
Pension (Gross): Increase <input type="checkbox"/> Yes <input type="checkbox"/> No			
Survivorship _____%	\$ _____	_____	_____
Income from Annuity: Duration _____	\$ _____	_____	_____
Income from Savings/CD:	\$ _____	_____	_____
Income from IRA/401K:	\$ _____	_____	_____
Other _____:	\$ _____	_____	_____

Monthly Expenses:

Applicant #1

Joint

Applicant #2

Life Insurance Premiums:	\$ _____	_____	_____
Medical Costs/Prescriptions:	\$ _____	_____	_____
Meals/Groceries:	\$ _____	_____	_____
Travel/Entertainment:	\$ _____	_____	_____
Mortgage:	\$ _____	_____	_____
Other _____:	\$ _____	_____	_____

Long Term Care Insurance On Applicant #1: (yes/no) Applicant #2: (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 #1 Signature _____ Date _____

Applicant #2 Signature _____ Date _____

