



Application for Residential Living  
 Tel Hai Retirement Community  
 1200 Tel Hai Circle – PO Box 190  
 Honey Brook, PA 19344  
 Phone: 610/273-9333 Fax: 610/273-4610



\$250.00  
 Application Fee

**PERSONAL INFORMATION:**

Prefix	<input type="checkbox"/> Mr. & Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr./Rev.
Name	
Address	
City, State, Zip Code	
Primary Phone <input type="checkbox"/> mobile <input type="checkbox"/> home	
Secondary Phone <input type="checkbox"/> mobile <input type="checkbox"/> home	
Email	

Birth Date		Current Age		SS#	
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Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced
Spouse's Name	
Spouse's Email	

Spouses' Birth Date		Current Age		SS#	
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Spouse Deceased?	<input type="checkbox"/> Yes	Date of Death	
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Tel Hai is a non-smoking community. Smoking is prohibited in households, common areas, and the grounds. This includes the use of electronic cigarettes.

Do you smoke? Applicant:  Yes  No Spouse:  Yes  No

Do you have long-term care insurance? Applicant:  Yes  No Spouse:  Yes  No

	Applicant	Spouse
Company Name		
What is your daily or monthly benefit?		
At what rate does this increase each year?		
How long does your policy pay for?		
Is this a partnership plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <b>✓ Copies Required</b>	<input type="checkbox"/> <b>✓ Copies Required</b>

**FINANCIAL STATEMENT:**

Indicate the owner of each asset and liability by using the following codes below:

**A=Applicant    S=Spouse    J=Joint    Attach recent statement for all accounts**

Assets by Type:	A/S/J	Total	Description	✓ Copies Required
Savings Accounts				<input type="checkbox"/>
Checking Accounts				<input type="checkbox"/>
Investment Accounts				<input type="checkbox"/>
(i.e, Stocks/Bonds)				<input type="checkbox"/>
Certificates of Deposit				<input type="checkbox"/>
IRA, 401(k) and/or 403(b)				<input type="checkbox"/>
Annuities				<input type="checkbox"/>
Trust Accounts <input type="checkbox"/> revocable <input type="checkbox"/> irrevocable				<input type="checkbox"/>
Other				
Real Estate: (include all owned properties)		<b>Market Value</b>		
Primary Home				<input type="checkbox"/>
<b>Other Property(ies)*</b>				<input type="checkbox"/>
<b>Total Assets</b>				<input type="checkbox"/>

(\*Include address of property(ies) and if more than two properties, please list separately and include with application.)

Liabilities by Type	A /S/J	Total	Description
Notes Payable			
Mortgages on Real Estate			
Reverse Mortgages on Real Estate			
Credit Card			
Auto Loans			
Home Equity Loans			
Other			
<b>Total Liabilities</b>			

**INCOME SOURCES (Monthly):**

Type:	Applicant	Spouse	Joint	✓ Copies Required
Social Security				<input type="checkbox"/>
Pension				<input type="checkbox"/>
Pension Benefit to Surviving Spouse				<input type="checkbox"/>
Annuity				<input type="checkbox"/>
Dividends				<input type="checkbox"/>
Interest				<input type="checkbox"/>
Other				<input type="checkbox"/>
<b>Total Monthly Income:</b>				<input type="checkbox"/>

Within the past 5 years, have you or your spouse given away, sold or transferred any assets such as: a home, land, personal property, life insurance policies, annuities, bank accounts, certificates of deposit, stocks, IRA, bonds or right to income? Yes No

If yes, please list asset, date of disposition and amount disposed below:

Asset			Asset	
Date of Disposition			Date of Disposition	
Amount Disposed	\$		Amount Disposed	\$

I/We affirm that the foregoing is a true statement of facts known to me/us and it is submitted as part of an application for residency at Tel Hai Retirement Community. By submitting this application to Tel Hai Retirement Community, you are granting permission to initiate a Megan’s Law review, or other national database of registered sex offenders, and a credit background check.

Date:	Applicant’s Signature:
Date:	Spouse’s Signature:

**ACCOMMODATION PREFERENCES:**

Cottages (select all that apply)

- Maple Knoll
- Standard
- Large
- Deluxe
- Basement
- No Preferred Must Have(!)

Cedar Ridge/Woods Edge

- Delaware
- Berkshire
- Lancaster
- Chester
- Basement
- No Preferred Must Have(!)

Townhomes

- Yorkshire – with loft
- Montgomery – with loft
- Montgomery – without loft

Apartments (select all that apply)

- Hillcrest\*
- One Bedroom
- Two Bedroom
- Large Two Bedroom
- Deluxe Two Bedroom - Two Bedroom w/Den

StoneCroft\*

- One Bedroom (Garnet, Jade, Peridot)
- One Bedroom w/Den (Amethyst, Sapphire, Onyx, Opal, Quartz)
- Two Bedroom (Pearl, Topaz, Emerald)
- Large Two Bedroom w/Den (Ruby or Diamond)
- Deluxe Two Bedroom w/Den (Crystal or Marquise)

\*Dogs are permitted in ground level apartments only. Indicate if you have a dog and will require a ground level apartment.

- Yes No

**READY-SET-GO PROGRAM:** In addition to the Future Resident List, you can enroll in the ‘Ready-Set-Go Program’ which means you are expressing your desire and intention to move to Tel Hai when offered an accommodation. Ready-Set-Go includes members-only programs and invitations to view available residential living accommodations first, before the Future Resident List or general public. The ‘Ready-Set-Go Program’ requires an additional \$1,000 deposit which will be applied toward your future accommodation entrance fee. The deposit is fully refundable should you withdraw from the program.

- Please select one:**  Enroll me/us in the ‘Ready-Set-Go Program’  
 Do Not Enroll me/us in the ‘Ready-Set-Go Program’

*Please Note: Prior to acceptance for a specific accommodation, an ‘Application Update Form’ may be required regarding financial assets and long-term-care insurance policies held.*

**Please see list of required attachments to be submitted with application.**

**Attachments required at the time of submission of this application:**

- Signed & dated Application and Administration Procedure Agreement**
- Photocopy of most recent Federal Income Tax return
- Photocopy of most recent statement for all of your accounts
- Photocopy of long term care insurance policy(ies)
- Photocopy of front and back of health insurance cards, Medicare cards and drivers license
- Check payable to "Tel Hai Retirement Community" in the amount of \$250.00

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**Office Use Only**

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Date Received:

By:

Check No:

Amount:

Reviewer's Comments:

Rev: 6/2023  
Web