

## Application for Residential Living Tel Hai Retirement Community 1200 Tel Hai Circle – PO Box 190 Honey Brook, PA 19344

\$250.00
Application Fee
(Non-Refundable)

Phone: 610/273-9333 Fax: 610/273-4610

APPLICANTI					
Name					
A 11					
Address					
City, State, Zip Code					
Primary Phone					
☐ mobile ☐ home					
Secondary Phone					
mobile home Email					
Eman					
Birth Date/Current Age					
Social Security No.					
Marital Status	Married	Widowed	Single	☐Divorced ☐Separate	d
		ADDI ICA	NIT O		
		APPLICA			
Name					
Primary Phone					
mobile home					
Secondary Phone					
☐ mobile ☐ home					
Email					
Birth Date/Current Age					
Social Security No.					
		Г		T	T ( 2
Do you have long-term care insurance?		Applicant 1:	]Yes □No	Applicant 2: Yes No	✓ Copies Required
Company Name					
What is your daily or monthly b					
At what rate does this increase	,				
How long does your policy pay for?					

## FINANCIAL STATEMENT:

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

A1 = Applicant #1 A2 = Applicant #2 J = Joint Attach recent statement for all accounts

Assets by Type:	A1/A2/J	Total	Description	✓ Copies Required
Saving & Money Market Accounts				
Checking Accounts				
Investment Accounts				
(i.e, Stocks/Bonds)				
Certificates of Deposit				
IRA, 401(k) and/or 403(b)				
Annuities				
Trust Accounts				
revocable irrevocable				
Life Insurance (Cash Value)				
Primary Home				
Other Property(ies)*				
Other Assets				
Total Assets				

Liabilities by Type:	A1 /A2/J	Total	Description
Mortgage(s) on Real Estate			
Reverse Mortgage(s) on Real Estate			
Credit Card(s)			
Auto Loans			
Home Equity Loans			
Other			
Total Liabilities			

Monthly Income Sources by Type:	Applicant #1	Applicant #2	Joint	✓ Copies Required
Social Security				
Pension				
Pension Benefit to Surviving Spouse				
Annuity				
Dividends				
Interest				
Other				
Total Monthly Income:				

Within the past 5 years, have cash, a home, land, person			-	-
deposit, stocks, IRA, bonds	or right to inco	me? □Yes □N	0	
If yes, please list asset, date	of disposition as	nd amount dispo	osed below:	
Asset			Asset	
Date of Disposition			Date of Disposition	
Amount Disposed	\$		Amount Dispose	\$
ACCOMMODATION P	REFERENCE	S:		
Cottages (select all that ap  Maple Knoll  Standard  Large  Deluxe	ply)	<b>Ĥ</b> i [ [	rtments (select all that appl llcrest* ] One Bedroom ] Two Bedroom ] Large Two Bedroom ] Deluxe Two Bedroom	ly) n - Two Bedroom w/Den
Cedar Ridge/Woods  Delaware Berkshire Lancaster Chester Basement Yes  Townhomes Yorkshire – with le Montgomery – wit Montgomery – wit Montgomery – wit READY-SET-GO PROG Go Program' which means accommodation. Ready-Set residential living accommod Go Program' requires an accentrance fee. The deposit is	□No  oft th loft thout loft  GRAM: In addition are expressions are expressional \$1,000 and \$1,000	on to the Future and gyour desire a cembers-only properties the Future Reposit which w	Two Bedroom (Pearl, To) Large Two Bedroom v Deluxe Two Bedroom v *Dogs are permitted in sonly. Indicate if you has require a ground level as Tyes No  Resident List, you can end intention to move to grams and invitations to esident List or general puil be applied toward you	1 (Amethyst, Sapphire, Onyx, Opal, Quartz paz, Emerald) W/Den (Ruby or Diamond) n W/Den (Crystal or Marquise) ground level apartments ave a dog and will apartment.  enroll in the 'Ready-Set- o Tel Hai when offered an oview available public. The 'Ready-Set- ur future accommodation
Please select one:	☐ Enroll me/u	s in the 'Ready-S	1 8	
Please Note: Prior to acc			,	
By submitting this applicati Megan's Law review, or oth I/We affirm that the forego application for residency at	ner national datal oing is a true stat	oase of registere ement of facts k	d sex offenders, and a conown to me/us and it is	redit background check.
Date:	Applicant #1			
Date:	Applicant #2	Signature:		

Please see list of required attachments to be submitted with application on page 4.

Attachments required at the time of submission of this application:						
Signed & dated Application						
Photocopy of most recent Federal Income Tax return						
☐ Photocopy of n	nost recent s	statement for all of your accounts				
Photocopy of long term care insurance policy(ies)						
Photocopy of front and back of health insurance cards (including prescription cards),						
Medicare cards	and drivers l	license				
Check payable	Check payable to "Tel Hai Retirement Community" in the amount of \$250.00 <b>OR</b> in					
the amount of \$1,250.00 if enrolling in the 'Ready-Set-Go Program'						
Office Use Only						
Date Received:	By:	Check No:	Amount:			
Time Received:						
Reviewer's Comments:						

Rev: 1/2024 WEB 2/24/24