VALLEY VIEW
Retirement Community

Application

The Village

Residential Living

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Retirement Community

Residential Living Application

Welcome!

Thank you for taking the time to learn more about our community and all that we offer. We understand that choosing a life plan community is an important decision, and we want to be sure you have the information and support you need every step of the way.

As you explore your options, we invite you to complete our application for admission. This helps us better understand your interest in joining our community, learn more about your timeline and needs, and review financial requirements for possible future admission.

Please don't hesitate to ask questions, I am here to help and look forward to getting to know you.

Amanda Brehman, Director of Residential Living
717-935-2105, ext. 1300
abrehman@vvrconline.org

Please complete the entire application and submit it:

Email to INFO@VVRCONLINE.ORG	or	Fax to 717-935-5109	or mail or drop off at:	VALLEY VIEW RETIREMENT COMMUNITY 4702 E. Main St. Belleville, PA 17004

Since 1968, Valley View Retirement Community has been enriching the lives of older adults in a manner that demonstrates God's love.

Valley View Retirement Community (VVRC) will comply with all applicable federal and state anti-discrimination requirements with respect to its admissions and provision of services.

COTTAGE PREFERENCE

If selecting more than one, please rank them in order of preference.

☐ **ALLEGHENY** ☐ **CLARION** ☐ **LEHIGH**
☐ **SUSQUEHANNA** ☐ **DELAWARE** ☐ **JUNIATA**

☐ I am ready to move in as soon as possible

☐ I am interested in moving within the following timeframe _____

APPLICANT 1

Name _____ Date of Birth _____

Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Spouse Name _____ Date of Death (if widowed) _____

Occupation prior to Retirement _____ Military Veteran ☐ Yes ☐ No

APPLICANT 2

Name _____ Date of Birth _____

Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Spouse Name _____ Date of Death (if widowed) _____

Occupation prior to Retirement _____ Military Veteran ☐ Yes ☐ No

ADDRESS INFORMATION

Address _____ City, State, Zip _____

Email _____

Home Phone _____ Mobile Phone _____

HOW DID YOU HEAR ABOUT VALLEY VIEW RETIREMENT COMMUNITY?

☐ Church
☐ Hospital/Physician
☐ Internet Search
☐ Community Event
☐ Social Media
☐ Live Locally
☐ Publications
☐ Home Health Agency
☐ Family/Friend is/was resident
☐ Other _____

OPTIONAL

Religious Affiliation _____ Specific Congregation _____

Clergy _____ Telephone _____

Name _____ Date _____

APPLICANT 1

RESIDENT REPRESENTATIVE

Name _____ Relationship _____

Address _____ City, State, Zip _____

Telephone _____ Mobile Phone _____ Email _____

EMERGENCY CONTACTS

Name _____

Relationship _____

Address _____

City, State, Zip _____

Telephone _____

Mobile Phone _____

Email _____

Name _____

Relationship _____

Address _____

City, State, Zip _____

Telephone _____

Mobile Phone _____

Email _____

MEDICAL/INSURANCE INFORMATION

Primary Care Provider _____ Phone _____

Medicare Number _____ Social Security Number _____

Supplemental Insurance Company _____ Group # _____

Medicare Advantage/PPO _____ Group # _____

Medicare Part D or Pharmacy Plan _____ Group # _____

Long Term Care Insurance? ☐ Yes ☐ No Provider _____ Group # _____

Name _____ Date _____

APPLICANT 2

RESIDENT REPRESENTATIVE

Name _____ Relationship _____

Address _____ City, State, Zip _____

Telephone _____ Mobile Phone _____ Email _____

EMERGENCY CONTACTS

Name _____

Relationship _____

Address _____

City, State, Zip _____

Telephone _____

Mobile Phone _____

Email _____

Name _____

Relationship _____

Address _____

City, State, Zip _____

Telephone _____

Mobile Phone _____

Email _____

MEDICAL/INSURANCE INFORMATION

Primary Care Provider _____ Phone _____

Medicare Number _____ Social Security Number _____

Supplemental Insurance Company _____ Group # _____

Medicare Advantage/PPO _____ Group # _____

Medicare Part D or Pharmacy Plan _____ Group # _____

Long Term Care Insurance? ☐ Yes ☐ No Provider _____ Group # _____

Name _____ Date _____

FINANCIAL DISCLOSURE STATEMENT

ASSETS	APPLICANT	JOINT	TOTAL
1. Checking	$ _____	$ _____	$ _____
2. Savings/Money Market	$ _____	$ _____	$ _____
3. CDs	$ _____	$ _____	$ _____
4. Mutual Funds	$ _____	$ _____	$ _____
5. Stocks & Bonds	$ _____	$ _____	$ _____
6. Retirement Funds	$ _____	$ _____	$ _____
7. Trust Fund*	$ _____	$ _____	$ _____
8. Annuities Cash Value*	$ _____	$ _____	$ _____
9. Life Insurance Cash Value*	$ _____	$ _____	$ _____
10. Burial Reserve	$ _____	$ _____	$ _____
11. Other	$ _____	$ _____	$ _____

12. REAL ESTATE*

Address _____

Residence Market Value $_____ (Please provide address above)

Value will be verified by Zillow.com

13. ASSET TRANSFERS

Have you (or your spouse) transferred any assets, including real estate, to someone other than your spouse for less than full market value within the past five years? ☐ Yes ☐ No
Have you or your spouse transferred any assets into a trust within the past five years? ☐ Yes ☐ No

*FINANCIAL TERMS

- **LINE 7: TRUST FUND** -Indicate amount that is available for your care.
- **LINE 8: ANNUITIES** - Indicate cash value that you can withdraw from the annuity without penalty.
- **LINE 9: LIFE INSURANCE** - Indicate the cash surrender value of a life insurance policy.
- **LINE 12: RESIDENCE CURRENT MARKET VALUE** - If you do not have a recent appraisal of your home, use Zillow.com or Trulia.com to estimate market value. Sale of house may be required to meet criteria.
- **LINE 15: PENSION** - If you are married, indicate what portion of your pension will remain for your spouse in the event of your death.
- **LINE 16: MONTHLY EXPENSES** - Indicate expenses that will be incurred while residing at VVRC, such as car loan, car insurance, phone, internet, health insurance and life insurance.

Name _____ Date _____

FINANCIAL DISCLOSURE STATEMENT, CONTINUED

14. LIABILITIES/DEBT	APPLICANT	JOINT	TOTAL
Mortgage Balance	$ _____	$ _____	$ _____
Credit Card Balance	$ _____	$ _____	$ _____
Car Loan Balance	$ _____	$ _____	$ _____
Other _____	$ _____	$ _____	$ _____

15. NET INCOME	APPLICANT	JOINT	TOTAL
Social Security	$ _____ / month	$ _____ / month	$ _____ / month
Pension*	$ _____ / month	$ _____ / month	$ _____ / month
Right of Survivorship ☐ Yes ☐ No	Right of Survivorship Percentage _____%		
Other: _____	$ _____ / month	$ _____ / month	$ _____ / month

16. EXPENSES*	APPLICANT	JOINT	TOTAL
Only list monthly expenses that will continue while at Valley View.			
_____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____

Name _____ Date _____

Agreement

I understand that Valley View Retirement Community (VVRC) will keep my information in strict confidence and will only use the information for necessary purposes.

I understand that VVRC may request proof of financial status and periodic updated financial information. All applications are reviewed when admission is pending and updates will be required at that time. Applicants must meet the financial criteria in place at the time a residence is available for occupancy.

All of the assets listed in this application as owned or controlled by me are entitled or registered in my individual or joint names, or held for my benefit, and are available to pay for all levels of care at VVRC. I have full power and authority to convey or utilize such assets for my personal support and for payment for services supplied through VVRC. I affirm that I (or my/our agent(s) will not deplete or jeopardize such assets below the level of that reasonably required to provide for my care, or substantially change the nature or liquidity of my assets.

I acknowledge that if I jeopardize my ability to pay for my care, then I may be ineligible for admission to any level of care at VVRC and may be ineligible for financial assistance from VVRC, and I may jeopardize my ability to live at VVRC.

I understand that it is the policy of VVRC to screen all incoming applicants against the National Sex Offender Registry Website. I understand that VVRC will deny admission to anyone listed on federal and/or state sex offender registry websites. I understand and acknowledge that VVRC relies on the information and disclosures made in this application for the purpose of inducing VVRC to consider me for admission. I certify that the information and disclosures provided in this application are true, correct, and complete to the best of my knowledge and belief. Although the application is not otherwise binding, I understand and agree that any misrepresentation or significant omission or misstatement of fact, including financial information, may be considered grounds for refusal of residency or dismissal after admission.

APPLICANT 1 (Signature) _____ Date _____

APPLICANT 2 (Signature) _____ Date _____

Download completed application and:

- **Email it to info@vvrconline.org**
- **Fax it to 717-935-5109**
- **Or mail or drop off at 4702 E Main St. Belleville, PA 17004**

Office use only

Reviewed by _____ Review Date_____

☐ Ready to move in ☐ Move-in time period _____

☐ Approved ☐ Denied ☐ Other _____

Megan's Law Conviction ☐ Yes ☐ No

Checked by: _____