



CROSS KEYS VILLAGE

The Brethren Home Community

RESIDENTIAL WAIT LIST APPLICATION

All information is confidential. Application must be completed in full to be processed. If not applicable, please indicate N/A.

APPLICANT 1

First Name

M

Last Name

Nickname

Current Address: _____

City

State

Zip

Cell Phone #

Landline #

Email Address

Date of Birth

Marital Status

APPLICANT 2

First Name

M

Last Name

Nickname

Current Address (if different): _____

City

State

Zip

Cell Phone #

Landline #

Email Address

Date of Birth

Marital Status

EMERGENCY CONTACT / POA

First Name

M

Last Name

Address: _____

Relationship

Telephone #

Email Address

To Applicant 1 To Applicant 2 To Both

ASSETS	Applicant 1 only	Applicant 2 only	Joint	TOTAL
Cash / Checking / Savings Money Market	\$ _____	\$ _____	\$ _____	\$ _____
Mutual Funds Stocks / Bonds	\$ _____	\$ _____	\$ _____	\$ _____
Retirement Accounts	\$ _____	\$ _____	\$ _____	\$ _____
Non-annuitized Annuity	\$ _____	\$ _____	\$ _____	\$ _____
Principal Residence	\$ _____	\$ _____	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____	\$ _____	\$ _____

LIABILITIES	Applicant 1 only	Applicant 2 only	Joint	TOTAL
Mortgage or HELOC	\$ _____	\$ _____	\$ _____	\$ _____
Credit Card Balance	\$ _____	\$ _____	\$ _____	\$ _____
Car Loan / Other Loan	\$ _____	\$ _____	\$ _____	\$ _____

NET MONTHLY INCOME	Applicant 1 only	Applicant 2 only	TOTAL
Social Security (net)	\$ _____ /Month	\$ _____ /Month	\$ _____ /Month
Pension	\$ _____ /Month	\$ _____ /Month	\$ _____ /Month
Fixed (Annuitized) Annuity	\$ _____ /Month	\$ _____ /Month	\$ _____ /Month
Salary (If Currently Employed)	\$ _____ /Month	\$ _____ /Month	\$ _____ /Month
Other Monthly Income (Rental, Investment Income, etc.)	\$ _____ /Month	\$ _____ /Month	\$ _____ /Month

- **Are some of the listed assets under a Trust?** YES NO **Is the Trust revocable?** YES NO N/A
- **Does Applicant 1 have Long-Term Care insurance coverage?** YES NO **Including Personal Care benefit?** YES NO
- **Does Applicant 2 have Long-Term Care insurance coverage?** YES NO **Including Personal Care benefit?** YES NO

TIMELINE AND WAIT LIST SELECTIONS

Please select your preference: Priority (ready now) General (approximately 3-year timeline) General (longer than 3-year timeline)

Please mark all the models you would consider:

Harmony Ridge East Apartments Allegro Adagio Andante Legato Forte

Harmony Ridge West Apartments Medley Madrigal Aria Cantata Concerto
 Serenade Sonata Overture Symphony

Hearthside Brierley Ambleside Idlewild Huntly Heathfield Heathfield Deluxe

Cottages John Kline Christopher Sauer Alexander Mack II Ida Shumaker John Naas I
 Sarah Major Florence Murphy Anna Mow Wilbur Stover M.R. Zigler
 Henry Kurtz II (1 car garage) Henry Kurtz II Deluxe (2 car garage)

Bridgewater Garden Homes David Gerber Samuel Weir Kent Shisler

Bridgewater Country Homes Daniel Leatherman Esther Pentz Esther Pentz Deluxe James Quinter
 William Hayes Ruby Rhoades Martin Brumbaugh

I hereby declare that all the foregoing statements are true to the best of my knowledge. The enclosed check, payable to Cross Keys Village, in the amount of \$1,000.00 represents the fully refundable reservation fee for the general or priority wait list.

Use of Tobacco Policy: I hereby acknowledge that the use of tobacco in any form is prohibited anywhere on the Cross Keys Village campus, inside or outside any residences or community buildings.

APPLICANT 1 _____
Signature Date

APPLICANT 2 _____
Signature Date

FOR OFFICE USE ONLY

Date Received _____

Retirement Counselor _____

Amount Received _____

General Priority

Admission to Cross Keys Village – The Brethren Home Community is open to people regardless of race, color, religion, national origin, sex, marital status, handicap, or disability. All faiths are welcome.



Return this application the next time you meet your Retirement Counselor, or mail with your check to:
Cross Keys Village, Welcome Center | 2990 Carlisle Pike | New Oxford, PA 17350