

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 Nam	e N	M	Last Name	Nick	kname		
Current Address	:						
City	State Z	Zip	Cell Phone #	Land	dline #		
Email Add	dress		Date of Birth	Mar	ital Status		
APPLICANT 2							
First Nam		M	Last Name	Nickname			
Current Address	(if different):						
City	State Z	Zip Cell Phone #		Landline #			
Email Add	Email Address		Date of Birth	Marital Status			
ADDITIONAL							
CONTACTFirst Nam	e	И	Last Name				
Address:							
Relations	hin	Teleph	one #	Email Address			
	Го Applicant 2 П То Both	Тетери	one "	Email/Address			
ASSETS	Applicant 1 only	Applic	ant 2 only	Joint	TOTAL		
Cash / Checking / Savings Money Market	\$	\$	ږ		\$		
Mutual Funds	\ \frac{3}{	- -			_ -		
Stocks / Bonds	\$	_ \$	\$		_ \$		
Retirement Accounts	\$	_ \$	\$		_ \$		
Non-annuitized Annuity	\$	_			_ \$		
Principal Residence	\$						
Other Real Estate	\$	_ \$					
		'	'		'		
LIABILITIES	Applicant 1 only	Applio	ant 2 only	Joint	TOTAL		
Mortgage or HELOC	\$	_ \$	\$		_ \$		
Credit Card Balance	\$	_ \$	 ¢		_ \$		
Care care perentice	T	_ *			_ *		
Car Loan / Other Loan	\$	\$	\$		\$		

NET	MONTHLY	INCOME	Appl	icant 1 only	Applica	ant 2 only	TO	OTAL				
Social Security (net)			\$	/Month	\$	/Month	\$	/Month				
Pension			\$	/Month	\$	/Month	\$	/Month				
Fixed (Annuitized) Annuity			\$	/Month	\$	/Month	\$	/Month				
Salary (If Currently Employed)				/Month								
Other Monthly Income (Rental, Investment Income, etc.)				/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)												
-	ne models you wo			, ,			•					
Harmony Ridge E	·		Adagio	☐ Andante	☐ Legato	o 🔲 For	te					
Harmony Ridge West Apartments			☐ Madrigal ☐ Sonata	☐ Aria ☐ Overture	☐ Cantat	ntata Concerto nphony						
Hearthside	☐ Brierley	Ambleside] Idlewild	☐ Huntly	☐ Heathf	hfield Heathfield Deluxe						
Cottages	☐ John Kline☐ Sarah Major☐ Henry Kurtz II	Christopher Saue Florence Murphy (1 car garage)	/ 🔲 Anı	xander Mack II na Mow ry Kurtz II Deluxe (2								
Bridgewater Gard	Bridgewater Garden Homes David Gerber Samuel Weir Kent Shisler											
Bridgewater Country Homes		□ Daniel Leatherman □ Esther Pentz □ Esther Pentz □ William Hayes □ Ruby Rhoades				luxe 🔲 Jam Martin Brumb	nes Quinter paugh					
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.												
or outside any com	nmunity buildings.	owledge that the use Use of tobacco is pern ony Ridge apartment r	nitted inside an	d within 10 ft. of the	e entrance to	cottages, garde	n and countr					
APPLICANT 1 Signature						FOR OFFICE USE ONLY						
				Date		Date Received						
APPLICANT 2						Retirement Counselor						
Signature				Date Amount Received								
is open to people reg	gardless of race, color,	hren Home Community , religion, national origin, All faiths are welcome.	,	E	QUAL HOUSING OPPORTUNITY	☐ General	[☐ Priority				

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