

# **LUTHER MEADOWS/HEILMAN HOUSE**

**A DIAKON LUTHERAN SENIOR HOUSING COMMUNITY**

30/45 Home Road  
Topton, PA 19562  
610-682-1450  
[www.diakon.org](http://www.diakon.org)

**NAME OF APPLICANT** \_\_\_\_\_ **Date** \_\_\_\_\_

**Current Address** \_\_\_\_\_  
Street City State Zip Code

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Other Phone** \_\_\_\_\_

**HOUSEHOLD COMPOSITION** (list the Head of Household and any other member who will be living in unit)

Member	Full Name	Date of Birth	Age	Sex	Social Security #
(1) HEAD					
(2) SPOUSE					

Are any members of the household listed above full or part-time students? YES \_\_\_\_\_ NO \_\_\_\_\_

Please list ALL states where members of the household listed above have previously resided:  
\_\_\_\_\_ Are any members of the household subject to a lifetime sex  
offender registration requirement in any state (specify if yes): YES \_\_\_\_\_ NO \_\_\_\_\_

Please indicate **RACE/ETHNICITY** of head of household for statistical purposes only: (Please check ONE  
on each line) Check here if you chose not to answer \_\_\_\_\_

- American Indian \_\_\_\_\_ Asian \_\_\_\_\_ African-American \_\_\_\_\_ Native/Pacific Islander \_\_\_\_\_  
White \_\_\_\_\_ Other \_\_\_\_\_
- Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

## **RENTAL HISTORY:**

**DO YOU:** Own \_\_\_\_\_ (List amount of equity in Real Estate \$ \_\_\_\_\_) Rent \_\_\_\_\_

Monthly Rent/Mortgage \$ \_\_\_\_\_ Approx. Monthly Utility Cost \$ \_\_\_\_\_

Are you NOW living in a federally subsidized unit? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, please list:  
Name of Complex \_\_\_\_\_ Manager \_\_\_\_\_

Name & Address of PRESENT LANDLORD \_\_\_\_\_  
Telephone Number \_\_\_\_\_ How long have you lived there? \_\_\_\_\_ year(s)

Name and Address of your PREVIOUS LANDLORD \_\_\_\_\_  
Telephone Number \_\_\_\_\_ How long did you live there? \_\_\_\_\_ year(s)

Name of closest relative NOT living with you \_\_\_\_\_  
Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**AUTOMOBILE** Description: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
 Color \_\_\_\_\_ License Plate # \_\_\_\_\_ State of Registration \_\_\_\_\_

**INCOME:** List all sources of income:

Member Amount	Type of Income	Gross Monthly/ Annual Income
HEAD	Social Security	\$
	SSI/SSP	\$
	Pension	\$
	Employment/Other (specify)	\$
CO-HEAD	Social Security	\$
	SSI/SSP	\$
	Pension	\$
	Employment/Other (specify)	\$

**ASSETS:** List all Accounts (including checking, savings, CD's, IRAs, etc.)

BANK NAME	TYPE of ACCOUNT	ACCOUNT #	AMOUNT/BALANCE
			\$
			\$
			\$
			\$

Did you dispose of any assets for less than fair market value within the last two years? YES \_\_\_ NO \_\_\_

Value of Stocks & Bonds \$ \_\_\_\_\_ Annual dividends from Stocks/Bonds \$ \_\_\_\_\_

Value of Life Insurance \$ \_\_\_\_\_ Annual dividends from Life Insurance \$ \_\_\_\_\_

**MEDICAL EXPENSES:**

Do you have Medicare? YES \_\_\_\_\_ NO \_\_\_\_\_ Monthly Premium \$ \_\_\_\_\_

Do you have additional medical insurance? YES \_\_\_\_\_ NO \_\_\_\_\_ Monthly Premium \$ \_\_\_\_\_

Name of Carrier \_\_\_\_\_ Account number \_\_\_\_\_

**APPLICATION CERTIFICATION:** *I certify that the statements made on this application are true and complete to the best of my knowledge. I understand that providing false statements or incomplete information may result in punishment under Federal Law. I understand that submission of this application is the first step of the resident application process and no way guarantees residency at Lutherwood. Please note that ALL DIAKON PROPERTIES ARE SMOKE-FREE facility. EHO.*

\_\_\_\_\_  
 Signature of Head of Household

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Co-Head or Spouse

\_\_\_\_\_  
 Date

**PLEASE RETURN APPLICATION TO:** Luther Meadows, 30 Home Road, Topton, PA 19562



OFFICE USE ONLY: Date & Time Application Received:

\_\_\_\_\_ AM/PM

Date

Received by \_\_\_\_\_

