



CONFIDENTIAL FINANCIAL FORM

If finances are separate, please complete individual Confidential Financial Forms.

Name Applicant 1 _____ Birthday _____

Name Applicant 2 _____ Birthday _____

If this form is prepared by someone other than you, please complete the following:

Name _____ Relationship to Applicant(s) _____

Address _____ City _____ State _____ Zip _____

Email _____ Best Contact Number _____

CHECK ALL ACCOMMODATIONS THAT ARE OF INTEREST:

Expected Date of Entry _____ Preferred Entrance Fee type _____

Meadowmont: _____ One Bedroom Den _____ Two Bedroom _____ Two Bedroom Den

Condominium: _____ Two Bedroom _____ Three Bedroom

Cluster Home: _____ One Bedroom _____ Two Bedroom _____ Three Bedroom

Garden Apartment: _____ Efficiency _____ One Bedroom _____ Two Bedroom

Cottages: _____ One Bedroom Den _____ Two Bedroom _____ Two Bedroom Den

Lodge: _____ Single _____ Expanded Studio _____ One Bedroom

New Brookside & Vista Ridge Apartments: _____ One Bedroom _____ One Bedroom Den

_____ Two Bedroom _____ Two Bedroom Den

FINANCIAL STATEMENT (attach extra page if necessary):

Schedule of all real property
(list complete address):

	Ownership				Approximate Value
	Owned	LLC	Trust (Revocable)	Trust (Irrevocable)	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Approximate Total Value _____

Schedule of all other assets - Asset (stock, bonds, savings, IRAs, etc.)

Include name of financial institution. **DO NOT include account number**

	Owned	LLC	Ownership Trust (Revocable)	Trust (Irrevocable)	Approximate Value
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Total Real Property Value from previous page: _____

Approximate Total Value of Combined Assets: _____

Schedules of all liabilities (mortgages, etc.):

Approximate Total of all Liabilities: _____

Approximate Net Assets Balance: _____

Monthly Income:	Applicant 1	Applicant 2
Social Security:	_____	_____
* Pension Income:	_____	_____
Interest:	_____	_____
Dividend:	_____	_____
Real Estate:	_____	_____
Other (please explain):	_____	_____
Total Monthly Income:	_____	_____

Do you anticipate any significant changes to your financial situation within the next five years? _____

If yes, please explain: _____

* Pension: If you receive pension, please provide the following information:

When did/does pension start? _____

Monthly pension amount: _____

If a lifetime pension, is it at that rate? _____

If not a lifetime pension please explain: _____

What percent of pension survives to you/spouse if applicable? _____

Please describe any Long Term Care Insurance benefits you have: _____

I (We) affirm that this information is substantially complete and correct to the best of my (our) knowledge.

Signature 1 _____ Date _____

Signature 2 _____ Date _____