

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

Name Applicant 1 _____ Date of Birth ____/____/____

Name Applicant 2 _____ Date of Birth ____/____/____

FINANCIAL STATEMENT

Schedule of all REAL PROPERTY - list complete address and approximate current value.

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Value:	\$ _____

Schedule of all OTHER ASSETS - list name of financial institution and approximate current value.

DO NOT include account numbers

Cash and Savings: _____	\$ _____
Taxable Investments: _____	\$ _____
Tax-Deferred Annuities: _____	\$ _____
Roth IRAs: _____	\$ _____
Tax-Free Bonds (municipal): _____	\$ _____
Tax-Deferred Retirement Accounts:	
Applicant 1 _____	\$ _____
Applicant 2 _____	\$ _____
Approximate Total of all Assets:	\$ _____

FIXED MONTHLY INCOME

	Applicant 1	Applicant 2
Social Security benefit (before tax):	\$ _____	\$ _____
Years income will be received:	\$ _____	\$ _____
Pension income (before tax):	\$ _____	\$ _____
% retained by spouse at death:	\$ _____	\$ _____
Annuity income (before tax):	\$ _____	\$ _____
% retained by spouse at death:	\$ _____	\$ _____
Other Income (please explain):	\$ _____	\$ _____
Total Monthly Income:	\$ _____	\$ _____

MONTHLY EXPENSES

Current monthly expenses (before moving to retirement community): \$ _____

REAL PROPERTY total from previous page: \$ _____

Combined TOTAL ASSETS from previous page: \$ _____

List schedule of ALL LIABILITIES, mortgages, etc:

_____ \$ _____

_____ \$ _____

Approximate total of LIABILITIES: \$ _____

Approximate total value of COMBINED ASSETS: \$ _____

LONG TERM CARE INSURANCE if applicable: Applicant 1 Applicant 2

Per Diem/Monthly Rate: \$ _____ \$ _____

Maximum Benefit: \$ _____ \$ _____

Years of Benefit: \$ _____ \$ _____

Inflation Protection: \$ _____ \$ _____

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

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

Signature 1 _____ Date _____

Signature 2 _____ Date _____

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

Name _____ Relationship to Applicant(s) _____

Address _____ City _____ State _____ Zip _____

Email _____ Contact Number _____

Office Use Only

Approved by _____ Date _____ Check # _____