



Confidential Financial Information

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____

Marital Status: Single Married Widowed Divorced Separated

Spouse's Name: _____

Joint Statement? Yes No

1) Do you own your own home? Yes No

Do you own your own business? Yes No

2) Is there a mortgage on your home? Yes No

If yes, what is the balance owed? _____

3) Is part of your income being used to support another person? Yes No *If yes, please provide:*

Name of person(s): _____

Address: _____

Phone Number: _____

4) Do you have a financial manager? Yes No *If yes, please provide:*

Name: _____

Phone Number: _____

5) Who will be responsible for payment of bills? Self Other *If other, please provide:*

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Please provide copies of latest bank and/or investment account statements to support the amounts listed and attach them to this form.

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MONTHLY INCOME

Employment _____
Social Security _____
Pensions _____
Investment Earnings
(Interest, Dividends) _____
Annuities _____
Income from
Rental Property _____
Alimony _____
Medicaid Payments _____
Other (type) _____

TOTAL MONTHLY INCOME \$ _____

ASSETS

Cash _____
Checking _____
Savings _____
Life Insurance
(cash value) _____
Investments
(stocks & bonds) _____
Real Estate
(home assessed value) _____
Other Assets _____

TOTAL ASSETS \$ _____

MONTHLY EXPENSES

Mortgage/Rent _____
Utilities _____
Insurance _____
Credit Cards/Loans _____
Food _____
Caregiver Expense _____
Medical/Dental
(not covered by insurance) _____
Other (type) _____

TOTAL MONTHLY EXPENSES \$ _____

LIABILITIES

Mortgage Payable _____
Other Liabilities _____

TOTAL LIABILITIES \$ _____

NET ASSETS

(Assets-Liabilities) \$ _____

*To the best of my knowledge, the foregoing information is completely accurate and true in all respects.
I agree to allow the above-named entities to confirm any information provided.*

Signature of Applicant: _____

Power of Attorney* Conservator* (*Please attach documentation)

Print Name: _____ Date: _____