

FINANCIAL INFORMATION UPDATE

RESIDENT NAME _____ LEVEL OF CARE _____

INCOME	
TYPE OF INCOME	MONTHLY AMOUNT
Social Security	
SSI (Supplemental Security Income)	
Pension (Name of Company)	
Trust	
Other (Type)	
Other (Type)	

CASH AND BANK ACCOUNTS			
Type of Account	Bank Name and Address	Account #	Account Balance

LIFE INSURANCE			
Company Name and Address	Type of Policy	Face Value	Cash Surrender Value

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STOCKS AND BONDS			
Description, Name and (if listed) Trading Symbol	# of Shares	Original Cost	Current Value

REAL ESTATE			
Type and Location	Type of Interest You Hold	Mortgage, if any	Value

OTHER ASSETS (Include vehicles and other items of value, e.g. coin collections)	
Type of Asset (Describe)	Current Value

DEBTS		
Creditor Name and Address	Type of Debt	Amount Owed

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MONTHLY EXPENSES			
Type of Expense	Amount	Type of Expense	Amount
Food (groceries, dining out)		Personal (clothing, hair care, housekeeping support)	
Utilities (cable, phone, cell phones, internet services)		Gifts (family, charitable giving)	
Transportation (car payment, insurance, gas, maintenance)		Health Insurance Premiums	
Entertainment (vacations, memberships)		Non-covered medical expenses (over-the-counter meds, supplies, deductibles)	

PRE-PAID FUNERAL ARRANGEMENTS	
Name of Funeral Home/Cemetery	Value

Health Insurance

Company Name _____

Who Policy Covers _____

Policy is: _____primary coverage _____secondary coverage

Do you have long term care insurance? Yes No

Please attach the following to your application:

- Documentation of income and assets
- Bank statements for all bank accounts
- Copy of long term care insurance policy, if applicable

Completed by _____

Relationship to resident _____

Signature _____ Date _____

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