

**House of the Good Shepherd
Confidential Financial Information**

Name of Applicant _____

Individual Completing Form _____

Relationship to Applicant _____ Date: _____

Cash and Bank Accounts

Bank Name	Type of Account	Account No.	Account Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Property

Do you own a home? Yes No

Estimated value of home: _____

Mortgage Remaining: _____

In addition to you, list occupants of the house.
Check all that apply.

- _____ Spouse
- _____ Sibling(s) # _____
- _____ Children # _____
- _____ Grandchildren # _____
- _____ Others, please list _____

Do you own additional property? Yes No

List type of property, estimated value, and any mortgage.

1. _____

2. _____

Stocks/Bonds/Other Securities

Name of Security	# of Shares	Total Current Market Value	Joint Account	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Joint accounts are held with whom?

Name and Address of Broker: _____

Other Assets: (Include vehicles and other items of value)

	Type of Asset	Current Value
1.	_____	_____
2.	_____	_____
3.	_____	_____

Debts:

	Creditor Name & Address	Type of Debt	Amount Owed
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Life Insurance Policies

1. Company Name & Address:

Type of Policy: _____

Face Value: _____

Cash Surrender Value: _____

Name and Address of Beneficiary:

2. Company Name & Address:

Type of Policy: _____

Face Value: _____

Cash Surrender Value: _____

Name and Address of Beneficiary:

Monthly Income

Social Security Amount: _____

Pension Amount: _____ Name of Company: _____

Pension Amount: _____ Name of Company: _____

Does spousal pension continue after death? Yes No

Other Income Amount: _____ Type: _____

Other Income Amount: _____ Type: _____

Monthly Expenses

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

Transfer of Assets

Have you within the last five years, given gifts of property, and/or other valuables (e.g., car) to family members and/or friends at less than fair market value? Yes No

If yes, estimated amount: _____

Have you within the last five years, given gifts of money and/or provided financial support to family members and/or friends? Yes No

If yes, estimated amount: _____

Please attach:

Last three years of tax returns. (An additional two years of tax returns may be requested.)

Latest statements from all accounts (e.g., bank, securities)

In the event the applicant's funds are depleted and the applicant can no longer afford the cost of care, the applicant and his/her agents will apply for any and all state or federal assistance that may be available.

The applicant further understands, and agrees, that the policy of The House of the Good Shepherd is not to extend charitable care if a resident or patient transfers or dissipates assets other than to meet his/her reasonable and customary living expenses.

I hereby represent and certify that the information provided on this application is true and complete.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Resident Representative's Name: _____

Resident Representative's Signature: _____ Date: _____