

**Confidential Data Application
Eddy Senior Living**

Date: _____

Independent Living Enriched Housing/Assisted Living Memory Care

Name First Person: _____ DOB: _____

Name Second Person (if applicable): _____ DOB: _____

Relationship between 1st and 2nd person: _____

1st Person Address: _____
 Street City State Zip Code

2nd Person Address: _____
 Street City State Zip Code

Email: _____ Email: _____

Telephone: (h) _____ (w) _____ (c) _____

Marital Status: Single Married Widowed Separated Divorced

Present living arrangement: Own Rent Live with relative
 Other _____ # of years _____

List closest relatives or personal contacts (indicate relationship): _____

Name: _____ Home # _____

Address: _____ Work # _____
 Cell # _____

Email: _____

List closest relatives or personal contacts (indicate relationship): _____

Name: _____ Home # _____

Address: _____ Work # _____
 Cell # _____

Email: _____

List your Power of Attorney, if applicable:

Name: _____ Home # _____

Address: _____ Work # _____
 Cell # _____

Email: _____

Who handles your Financial Affairs at this time:

- No one. I conduct my own.
- Other:

Financial Statement

Each applicant is required to give a disclosure of financial resources and obligations. We respect the privacy of every Prospective Resident and do not wish to intrude into any Prospective Resident's personal financial circumstances other than to have assurance that the funds needed under the agreement are adequate.

Information will be kept strictly confidential and will be used solely for the purpose of determining eligibility. Please complete this form in its entirety. If a section does not apply, please write N/A.

Please list your monthly income, assets and liabilities:

<u>INCOME</u>	<u>Prospective Resident's Monthly Income</u>	<u>Second Person's Monthly Income</u>
Regular Income		
Earned Income	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Retirement Pension (Civil, Railroad, Teachers, Company, Veterans, etc)	\$ _____	\$ _____
Annuities	\$ _____	\$ _____
Trust Fund Income	\$ _____	\$ _____
Other (please specify)	\$ _____	\$ _____
Investment Income		
Rental Property Income	\$ _____	\$ _____
Interest on Savings/CDs	\$ _____	\$ _____
Income from Stocks/Bonds	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____

Do you have a Trust? Yes No - If Yes, please provide a copy of the Trust Agreement and indicate the Balance in the Fund. \$ _____

- Can the Principal of the Trust be used if needed? Yes No

ASSETS

**Prospective Resident's
Assets**

**Second Person's
Assets**

Checking Account	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____
Certificates of Deposit	\$ _____	\$ _____
Securities	\$ _____	\$ _____
Accounts Receivable	\$ _____	\$ _____
Home Value	\$ _____	\$ _____
Other Real Estate Owned	\$ _____	\$ _____
Individual Retirement Acct(s)	\$ _____	\$ _____
Other Assets: _____	\$ _____	\$ _____
Other Assets: _____	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____

LIABILITIES

Notes Payable to Banks	\$ _____	\$ _____
Mortgages(s)	\$ _____	\$ _____
Real Estate Tax	\$ _____	\$ _____
Other Debts	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____

NET WORTH

(Total Assets minus Total Liabilities) \$ _____

Are assets held jointly?

Yes No

If yes, with whom? _____

Have any assets been transferred in the last 60 months?

Yes No

If yes, please explain. _____

Do you anticipate any significant changes in your financial situation in the next 3-5 years?

Yes No If yes, please attach an explanation.

Do you have Long Term Care Insurance Coverage? Yes No

I HEREBY DECLARE THAT ALL STATEMENTS MADE IN THIS CONFIDENTIAL DATA APPLICATION ARE TRUE AND COMPLETE ACCORDING TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE SPONSOR IS RELYING ON MY REPRESENTATIONS HEREIN IN DETERMINING WHETHER TO ENTER INTO A RESIDENCY AGREEMENT WITH ME, IN ADDITION, I UNDERSTAND THAT I AM REQUIRED TO PROVIDE SPONSOR WITH THE FOLLOWING DOCUMENTATION AT SPONSOR'S REQUEST ANY POINT IN TIME PRIOR TO OR DURING MY RESIDENCY: INCOME TAX RETURN, BANK STATEMENT(S), OR OTHER CONFIDENTIAL DATA.

IN WITNESS WHEREOF, Prospective Resident has read and understands this Confidential Data Application and had executed this Confidential Data Application.

Witness

*** Prospective Resident**

Date

*** Prospective Resident**

***Note: If being completed by Power of Attorney, please sign and attach appropriate documentation.**