

Confidential Data Application

Date: _____
<input type="checkbox"/> Independent Living <input type="checkbox"/> Enriched Housing/Assisted Living

Name - first person: _____ DOB: _____

Name - second person: _____ DOB: _____
(If applicable)

Relationship between first and second person: _____

First Person Address: _____
Street City State Zip Code

Second Person Address: _____
Street City State Zip Code

Email: _____ Email: _____

Telephone – first person: _____
(Home) (Work) (Cell)

Telephone – second person: _____
(Home) (Work) (Cell)

Marital Status: Single Married Separated Divorced Widowed

Present Living Arrangement: Own Rent Live with Relative
 Other _____ # of years _____

List Closest Relatives or Personal Contacts:

Name: _____ Home #: _____
Address: _____ Work #: _____
_____ Cell #: _____
Email: _____ Indicate Relationship: _____

Name: _____ Home #: _____
Address: _____ Work #: _____
_____ Cell #: _____
Email: _____ Indicate Relationship: _____

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:

Prospective Resident(s) Income	First Person's Monthly Income	Second Person's Monthly Income
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, we require a copy of the Trust Agreement and indicate the balance of the fund. \$ _____

Can the principal of the Trust be used for care if needed? Yes No

**** ALL ASSETS LISTED BELOW WILL BE AVAILABLE TO PAY FOR CARE ****

Prospective Resident(s) Assets	First Person's Assets	Second Person's Assets
Assets		
• Checking Account	\$	\$
• Savings Account	\$	\$
• Certificates of Deposit	\$	\$
• Securities	\$	\$
• Accounts Receivable	\$	\$
• Home Value	\$	\$
• Other Real Estate Owned	\$	\$
• Individual Retirement Account(s)	\$	\$
• Other Assets: _____	\$	\$
• Other Assets: _____	\$	\$
Total Assets	\$	\$
Liabilities		
• Notes Payable to Banks	\$	\$
• Mortgages	\$	\$
• 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 *(If yes, please provide a copy of the declaration page of the policy showing what the policy will cover for care.)*

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*

Title

Prospective Resident*

Date

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

Executive Director

Date