

Assisted Living Residence/ Enhanced Assisted Living Residence Financial Information

Applicant's Name _____ Social Security #: _____ Date _____

Primary contact for financial information:

Name: _____ Phone Number: _____

1) Please provide copies of filed Federal Income Tax Returns for the past three years:

2) Please provide income from the following:

Please provide current statement or copies of checks received.

INCOME (Gross)	<u>Source</u>	<u>Monthly Amount</u>
Wages	_____	_____
Social Security	_____	_____
SSI	_____	_____
Pension	_____	_____
Annuity	_____	_____
Life Insurance Disbursement	_____	_____
IRA Disbursement	_____	_____
Alimony Payments	_____	_____
Rental Property	_____	_____
Payments Received On An Owned Mortgage	_____	_____
Interest	_____	_____
Dividends	_____	_____
Other: _____	_____	_____

3) **ASSETS:**

Please provide current statements for the following:

	<u>Financial Institution</u>	<u>Account Number</u>	<u>Principal Balance</u>
Checking	_____	_____	_____
Savings	_____	_____	_____
Money Market	_____	_____	_____

ASSETS Cont'd:

Please provide current statements for the following:

	<u>Financial Institution</u>	<u>Account Number</u>	<u>Principal Balance</u>
CD	_____	_____	_____
Stocks	_____	_____	_____
Bonds	_____	_____	_____
Mutual Funds	_____	_____	_____
Real Estate	_____	_____	_____
Trust, Revocable or Non	_____	_____	_____
Business Assets	_____	_____	_____
Burial Fund	_____	_____	_____
Other: _____	_____	_____	_____
	_____	_____	_____

4) Monthly medical expenses and Health Insurance Premiums from the following:

	<u>Company Name & Phone Number</u>	<u>Mthly Amt</u>
Medicare Health Insurance	_____	_____
Medicaid Spend-Down	_____	_____
Prescription Plan Co-pay	_____	_____
Prescriptions (Not Covered)	_____	_____

Any other medical expenses not listed above (dentist visits, checkups, etc):

5) Do you have long-term care insurance?: _____

6) Are you a veteran or spouse of a veteran?: Yes No

7) Please provide your Accountant's name, address and phone number:

Name _____
Address _____
Phone _____

I affirm under penalty of perjury that information provided on this form is true and accurate to the best of my knowledge and belief. Furthermore, I authorize Longview to obtain and verify information given. Longview agrees to maintain this information in Strict Confidence.

Signed: _____ Date: _____