

## 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.*

<b>INCOME (Gross)</b>	<b><u>Source</u></b>	<b><u>Monthly Amount</u></b>
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:

	<b><u>Financial Institution</u></b>	<b><u>Account Number</u></b>	<b><u>Principal Balance</u></b>
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 &amp; 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: \_\_\_\_\_