

Financial Statement

Resident Name: _____

Community: _____

Must be completed by each individual; joint holding must be so noted
(ALL INFORMATION WILL BE HELD CONFIDENTIAL)

REGULAR MONTHLY INCOME	1ST PERSON	2ND PERSON
Social Security	\$	\$
Pension	\$	\$
Dividends	\$	\$
Interest	\$	\$
Mortgage/Rental Income	\$	\$
IRA Income	\$	\$
Trust Income	\$	\$
Long-Term Care Insurance	\$	\$
VA Benefits	\$	\$
Total Regular Mnothly Income	\$	\$

CAPITAL ASSETS	1ST PERSON	2ND PERSON
Cash (Savings & Checking)	\$	\$
CDs, Money Markets, etc.	\$	\$
Stocks & Bonds	\$	\$
IRAs, Annuities, etc.	\$	\$
House	\$	\$
Other Real Estate	\$	\$
Trust Fund	\$	\$
Other Assests	\$	\$
Total Assets	\$	\$

I hearby declare that all statements made herin are true according to my best knowledge and belief. In witness where of I have hereunto set my hand to this application this _____ day of _____ 20_____.

Primary Resident: _____ Date _____

Secondary Resident: _____ Date _____

Revised 4/2023