

Confidential Financial Information

Date _____

I am/We are applying for residency at Forest Side Memory Care. The following financial information is provided for the sole use of Forest Side and all information contained herein is strictly confidential.

APPLICANT INFORMATION

Full Name _____ Telephone (____) _____

Address _____ City _____ State ____ Zip _____

CO-APPLICANT INFORMATION (If applicable)

Full Name _____ Telephone (____) _____

Address _____ City _____ State ____ Zip _____



ASSETS AND INCOME (ROUNDED IN DOLLARS)

In addition to filling out the chart below, please attach the following documents:

- Copies of current brokerage or bank statements to support account balances
- Copies of annual Social Security Administration statement of monthly benefits (or private annuity statement of benefits)

Assets & Income	Applicant	Co-Applicant	Joint
Checking Account(s)/Cash			
Savings Account (s)			
Money Market/CD Account(s)			
Total Stocks, Bonds, Mutual Funds, Trusts, Annuities, etc.			
Value of Real Estate Owned*			
Monthly Income (include pension, Social Security, etc.)			
TOTAL ASSETS			
TOTAL ANNUAL INCOME			

*Please include a complete address for any real estate property listed:

Address _____ City _____ State ____ Zip _____

Address _____ City _____ State ____ Zip _____

LIABILITIES (ROUNDED IN DOLLARS)

Please include loans, credit card amounts, charge accounts, etc.

For any of the real estate listed under assets, is there a reverse mortgage in place?

Yes: _____ No: _____ N/A: _____

If yes, indicate current available line of credit and remaining equity:

Available credit: _____ Remaining equity: _____

List all other liabilities:

Applicant _____

Co-Applicant _____

Joint Amount _____

TOTAL LIABILITIES _____

I/We hereby certify that the above information is correct and complete as of the date submitted and signed.

Applicant's Signature (or Representative)

Co- Applicant's Signature (or Representative)

Date _____