

# Personal Financial Statement

## Resident #1

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Resident #2

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

# FINANCIAL STATEMENT (PART 1)

Please list for each resident **or** joint

ASSETS	Resident	Co-Resident	Joint
Cash in Checking and Savings Accounts	\$	\$	\$
CDs and/or Money Market Accounts			
Investment Accounts - (specify by name of account)			
1			
2.			
3.			
IRA/401k/Retirement Funds (market value)			
1			
2.			
3.			
Annuities (Non-Annuitized - net market value)			
Can you make lump sum withdrawals without penalty? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Life Insurance (Cash Surrender Value only)			
Real Estate (specify type)			
Real Estate (specify type)			
Burial Reserve			
Trust Accounts			
Is this irrevocable? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this available for your care? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Assets (specify)			
<b>TOTAL ASSETS</b>	\$	\$	\$
LIABILITIES	Resident	Co-Resident	Joint
Mortgage Balance	\$	\$	\$
Home Equity Loan/Line of Credit (balance)			
Current Debt (ex., credit card, auto loan, etc.)			
Other Liabilities (specify)			
<b>TOTAL LIABILITIES</b>	\$	\$	\$
<b>NET WORTH (Total Assets - Total Liabilities)</b>	\$	\$	\$

# FINANCIAL STATEMENT (PART 2)

## Income and Expenses (Monthly)

INCOME - Monthly (unless otherwise noted)	Resident	+ Co-Resident	= TOTAL
Social Security Benefits (Net take home)	\$	\$	\$
Pension Benefits Income			
What portion will remain for your spouse in the event of your death?	%	%	
Pension Benefits Income			
What portion will remain for your spouse in the event of your death?	%	%	
Annuitized Annuity Income			
What portion will remain for your spouse in the event of your death?	%	%	
Annuitized Annuity Income			
What portion will remain for your spouse in the event of your death?	%	%	
401K / IRA Withdrawal Income - Total			
Other Income (specify)			
EXPENSES - Monthly (unless otherwise noted)	Resident	+ Co-Resident	= TOTAL or JOINT
<b>Insurance Premiums</b>			
Health                    mo / qtr / semi / yr			
Supplemental Health    mo / qtr / semi / yr			
Prescription            mo / qtr / semi / yr			
Auto                        mo / qtr / semi / yr			
Life                         mo / qtr / semi / yr			
Long-Term Care         mo / qtr / semi / yr			
Automobile Loan			
Credit Card Payments			
Other Loan Payments (home equity or line of credit)			
Other Expenses (specify)			
<b>Long-Term Care Insurance</b>	<b>Resident</b>	<b>Co-Resident</b>	<b>Example</b>
Do you have Long-Term Care Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Benefit Period	_____ yrs	_____ yrs	3 years
Elimination period (# of days before benefits starts)	_____ days	_____ days	90 days
Is there an inflation rider?	<input type="checkbox"/> Yes <input type="checkbox"/> No    ____%	<input type="checkbox"/> Yes <input type="checkbox"/> No    ____%	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>5</u> %
Daily Benefit for Assisted Living	\$	\$	\$100 /day
Daily Benefit for Nursing Care	\$	\$	\$200/day
Inflation Rate on Premiums			5%

# AGREEMENT

Please be sure that each person completing the application signs and dates the application.

All of the assets listed in this application as owned or controlled by me (us) are entitled or registered in my (our) individual or joint names, or held for my (our) benefit, and are available to pay for all levels of care at Living Branches. I (We) have full power and authority to convey or utilize such assets for my (our) personal support and for payment for services supplied through Living Branches. I (We) affirm that I (we) (or my/our agent(s)) will not deplete or jeopardize such assets below the level of that reasonably required to provide for my (our) care, or substantially change the nature or liquidity of my (our) assets. I (We) acknowledge that if I (we) jeopardize my (our) ability to pay for my (our) care, then I (we) may be ineligible for admission to any level of care at Living Branches and may be ineligible for financial assistance from Living Branches, and I (we) may jeopardize my (our) ability to live at Living Branches. I (We) understand that it is the policy of Living Branches to screen all incoming applicants against the National Sex Offender Registry Website (NSPOW). I (We) understand that Living Branches will deny admission to anyone listed on federal and/or state sex offender registry websites. I (We) understand and acknowledge that Living Branches relies on the information and disclosures made in this application for the purpose of inducing Living Branches to consider me (us) for admission. I (We) certify that the information and disclosures provided in this application are true, correct, and complete to the best of my (our) knowledge and belief.

\_\_\_\_\_  
**APPLICANT #1** Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**APPLICANT #2** Signature

\_\_\_\_\_  
Date

**Name of person completing this form other than Applicant #1 or #2** Relationship to Applicant(s) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## INSTRUCTIONS

### Financial Statement (Part 1)

**Residence Current Market Value** - If you do not have a recent appraisal of your home, please use Zillow.com or Trulia.com to estimate market value. If these websites do not agree on home value, we may ask you to provide a letter from a Realtor estimating value.

**Investment Accounts** – Please indicate the name of the investment account (e.g. JP Morgan, Vanguard, etc.) and cross reference the reported asset amounts with supporting statements. Use the reference numbers from the application to label supporting statements that correspond to the amounts reported on each line.

**Annuities** - It is very important to indicate whether you can withdraw lump sums from the annuity without penalty. If you are uncertain, please contact your investment advisor for clarification.

**Trust Account Value** - If you have a trust, please be sure to indicate whether the proceeds are irrevocable and available for your care.

**Life Insurance** - Only indicate the cash surrender value of a life insurance policy. Term policies will not have a cash surrender value.

**Liabilities** – Please list any long-term debt you may have, other than a mortgage. This may include automobile loans or credit card balances. Give information on both the monthly payment and total amount of the liability.

### Financial Statement (Part 2)

**Social Security Amount** - Please indicate the amount of your social security payment, not your social security number. If you are not receiving social security payments at this time, please indicate your estimated social security payment.

**Pension** - If you are married, please be sure to indicate what portion of your pension will remain for your spouse in the event of your death.