



## CONFIDENTIAL FINANCIAL HISTORY

The Management of Arbor Glen respects the privacy of every applicant and does not wish to intrude into any of the applicant's personal circumstances other than to have assurance that the necessary amounts needed under the residence and care contract and for personal needs can be met adequately. This includes coverage of fees upon entry and those in the future, based on assumed monthly charges for life, considering lifestyle needs and obligations.

1) Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Co-occupant (if applicable) \_\_\_\_\_ Social Security # \_\_\_\_\_

2) List sufficient resources from which entrance fee, monthly charges, and personal needs will be paid.

INCOME	Amount	Total Yearly
Social Security	\$ _____ Per month \$ _____	
Pensions	\$ _____ Per month \$ _____	
Annuity	\$ _____ Per month \$ _____	
Trust	\$ _____ Per month \$ _____	
Rental	\$ _____ Per month \$ _____	

ASSETS	Principal	Interest Income
Stocks	\$ _____	\$ _____ Per month \$ _____
Savings	\$ _____	\$ _____ Per month \$ _____
Certificate Value	\$ _____	\$ _____ Per month \$ _____
Bonds (government, municipal, etc.)	\$ _____	\$ _____ Per month \$ _____
Real Estate	\$ _____	\$ _____ Per month \$ _____
Other (describe)	\$ _____	\$ _____ Per month \$ _____

**TOTAL ANNUAL INCOME** \$ \_\_\_\_\_

3) Indicate any outstanding debt or liabilities.

Credit card \$ \_\_\_\_\_  
 Mortgage \$ \_\_\_\_\_  
 Bank loan \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

4) Do any of the following items increase and if so, on what basis?

Will there be change with the death of one spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

Pensions \_\_\_\_\_

Annuity \_\_\_\_\_

Trust \_\_\_\_\_

Rental \_\_\_\_\_

5) Please give us more information on assets or attach schedule.

# Shares	Description	Annual Income

6) Please give us more information on Real Estate.

Location	Approximate Valuation	Annual Income (After Expenses)	Term of Lease/s
Primary Residence	_____	_____	_____
Other Property	_____	_____	_____

Do you intend to sell either one prior to residency at Arbor Glen?

Yes \_\_\_\_\_ Which? \_\_\_\_\_ No \_\_\_\_\_

7) The following are my advisors and their firms, with names and addresses. They may be consulted regarding my admission to Arbor Glen.

Bank or Trust Officer \_\_\_\_\_

Stock Broker \_\_\_\_\_

Attorney \_\_\_\_\_

Other \_\_\_\_\_

8) Tenants Homeowners Coverage will be carried by:

Insurance Company \_\_\_\_\_

I affirm that the foregoing is a true statement of facts known to me and that it is submitted as part of an application for residency at Arbor Glen. I agree to notify Arbor Glen about significant change.

Date \_\_\_\_\_ Signed \_\_\_\_\_

For Office Use Only: Unit Type \_\_\_\_\_ Occupancy \_\_\_\_\_ Single \_\_\_\_\_ Double \_\_\_\_\_

Approved by: \_\_\_\_\_ Date