



CONFIDENTIAL FINANCIAL STATEMENT

FIRST PERSON:

Last Name First Name M.I.

ADDRESS: _____
Street City State Zip Code

TELEPHONE NO. () _____

BIRTHDATE: _____
Month Day Year

MARITAL STATUS: ☐ Married ☐ Single ☐ Widowed

SOCIAL SECURITY # _ _ _ - _ _ - _ _ _

SECOND PERSON:

Last Name First Name M.I.

ADDRESS: _____
Street City State Zip Code

TELEPHONE NO. () _____

BIRTHDATE: _____
Month Day Year

MARITAL STATUS: ☐ Married ☐ Single ☐ Widowed

SOCIAL SECURITY # _ _ _ - _ _ - _ _ _

ASSETS

(Note: If jointly owned, enter under First Person and check the box indicating "jointly".)

	First Person	Jointly	Second Person
Primary Residence	\$ _____	☐	\$ _____
Real Estate Other Than Primary Residence	\$ _____	☐	\$ _____
Savings and CD's	\$ _____	☐	\$ _____
Stocks and Bonds	\$ _____	☐	\$ _____
Trusts and Estate Equities Available for Your Use	\$ _____	☐	\$ _____
Other Asset(s)	\$ _____	☐	\$ _____

Please describe _____

First Person

Second Person

Total Individual Assets: \$ _____ \$ _____

Gross Combined Assets \$ _____

Less Residency Fee \$ (_____)

NET COMBINED ASSETS \$ _____

MONTHLY INCOME

(For income not received monthly, estimate the monthly amount based on the annual amount.)

First Person

Second Person

Social Security \$ _____ \$ _____

Pensions and Annuities \$ _____ \$ _____

Investment Income \$ _____ \$ _____

(From savings, stocks, bonds, mutual funds, etc.)

Trust and Estate \$ _____ \$ _____

Other Income \$ _____ \$ _____

Please describe _____

	First Person	Second Person
TOTAL MONTHLY INCOME	\$ _____	\$ _____
COMBINED MONTHLY INCOME	\$ _____	

LIABILITIES

Please list any debts (i.e., mortgage balance) or other liabilities in excess of \$5,000.

Liability	Amount Owed
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL LIABILITIES	\$ _____

Please provide any comments or clarifying detail regarding the financial information listed above. _____

I acknowledge that acceptance of my application for occupancy of a residence at Cloverwood will be determined by Cloverwood Senior Living, Inc. ("Sponsor") based on the information I provide to Sponsor in accordance with Section 3 of the Residency Agreement. I further understand that, prior to approving my application for residency at Cloverwood, Sponsor may request additional information concerning my financial status. I hereby declare that all statements made herein and all other information I have provided to Sponsor in connection with my application for residency are true according to my best knowledge and belief.

First Person Signature

Second Person Signature

Date

Date

Executive Director Signature

Date