

III. CONTACT INFORMATION

Next of kin or other person(s) to be notified in event of emergency. (Please Print)

1. Name _____ Relationship _____

Address _____ Phone (____) _____

City _____ St. _____ Zip _____ Email: _____

2. Name _____ Relationship _____

Address _____ Phone (____) _____

City _____ St. _____ Zip _____ Email: _____

3. Name _____ Relationship _____

Address _____ Phone (____) _____

City _____ St. _____ Zip _____ Email: _____

IV. FINANCES- Please include documentation to support information provided

The information requested below is required to satisfy the Foundation that the applicants(s) have adequate income and assets to pay the entry fee and monthly charges over the course of residency at Independent Living, Arleigh Burke Pavilion or The Sylvestery.

My assets and sources of income are as follows:

INCOME AND ASSETS:

I. My income is as follows:

	Monthly Income	Annual Income
VA Pension.....	\$ _____	\$ _____
Military Pension (SBP; yes/no)	\$ _____	\$ _____
Social Security (self)	\$ _____	\$ _____
Social Security (spouse, if applicable)	\$ _____	\$ _____
Dividends	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Life Insurance Benefit (from spouse).....	\$ _____	\$ _____
Life Insurance Benefit (other)	\$ _____	\$ _____
Life Insurance Benefit on Applicant.....	\$ _____	\$ _____
Other(specify):.....	\$ _____	\$ _____
.....	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____

II. I own the following Real Estate/Property: Please provide tax assessments

Description of Property	% Ownership	\$ Value	Encumbrance
1.) _____		\$ _____	_____
2.) _____		\$ _____	_____
3.) _____		\$ _____	_____
NET VALUE OF PROPERTY (value - encumbrances).....		\$ _____	

VEHICLE(S) Year _____ Make/Model _____	\$ _____	_____
Year _____ Make/Model _____	\$ _____	_____

III. I have the following savings/investment accounts: Please provide recent statements

Bank/Investment	City & State	Balance
1.) _____	_____/____	\$ _____
2.) _____	_____/____	\$ _____
3.) _____	_____/____	\$ _____
4.) _____	_____/____	\$ _____
5.) _____	_____/____	\$ _____
6.) _____	_____/____	\$ _____
TOTAL VALUE OF SAVINGS/INVESTMENTS		\$ _____

IV. Long Term Care Insurance [] Yes [] No Please provide copy of the Declaration page of your policy

V. I am receiving assistance/support from the following organizations and/or individuals as follows:

Source/Relationship	Address	\$ per Month
1.) _____	_____/____	\$ _____
2.) _____	_____/____	\$ _____
TOTAL VALUE OF ASSISTANCE/SUPPORT		\$ _____

VI. EXPENSES/DEBTS:

1. My expenses are as follows (specify):	Description	Monthly Payment
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
2. OUTSTANDING DEBT/LOANS	\$ _____	
MONTHLY DEBT PAYMENTS	\$ _____	