

Date \_\_\_\_\_ Residence Type \_\_\_\_\_ Telephone No. \_\_\_\_\_

First Person's Name \_\_\_\_\_ Address \_\_\_\_\_

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

Social Security# \_\_\_\_\_ Birth Date \_\_\_\_\_

Do You Rent Home?  Yes  No

Do You Own Home?  Yes  No

If Own Home, what is the estimated value of home

Second Person's Name \_\_\_\_\_ Address \_\_\_\_\_

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

Social Security# \_\_\_\_\_ Birth Date \_\_\_\_\_

Email Address (es)

Nearest-Relative or Contact Person(s)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

## Financial Data / Assets (less Encumbrances)

Equity in Residence \$ \_\_\_\_\_  
 Other Real Estate Equity \$ \_\_\_\_\_

Financial Assets	First Person	Second Person
Stocks	\$ _____	\$ _____
Bonds	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____
IRA	\$ _____	\$ _____
Trusts	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>Total Combined Assets:</b>	\$ _____	_____
Less Entrance Fee Amount:	\$ _____	_____
Assets after Entrance Fee Paid:	\$ _____	_____

## Monthly Income

Social Security	\$ _____	\$ _____
Pension & Retirement (Sole Survivor _____ %)	\$ _____	\$ _____
* Other	\$ _____	\$ _____
* Other	\$ _____	\$ _____
Total Monthly	\$ _____	\$ _____
Total Combined Monthly	\$ _____	\$ _____

**\* Note:** These items should identify the specific investment in the asset column from which the income is derived. Note to Financial Assets and Monthly Income (by line item number). Include information on long-term liabilities, if any.

I do hereby state that all information provided on this confidential data application is true and valid on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ . I understand that failure to complete this confidential data form accurately is reason for the denial of my residency or cancellation of my residency agreement.

First Person \_\_\_\_\_ Witness \_\_\_\_\_

First Person \_\_\_\_\_ Witness \_\_\_\_\_