



Magnolia Crossing

A Gracious *Assisted* Living

PROSPECTIVE RESIDENTIAL FINANCIAL INFORMATION

Please complete this form and return it with your application. All information will be kept confidential.

Name _____ Date _____

Income

Social Security: gross monthly \$ _____

Pension: \$ _____ Company _____

Address: _____

Trust Account: \$ _____ Company _____

Address: _____

Approximate Total Value: \$ _____

Real Estate (within last 2 years, in applicant's name, joint ownership or trust)

Location: \$ _____ City _____ State _____

Mortgage: \$ _____ Rental Income: \$ _____

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Mortgage: \$ _____ Rental Income: \$ _____

Approximate Total Value: \$ _____

Bank Accounts (within last 2 years, in applicant's name, joint ownership or trust)

Bank: _____ Type of Account: _____ Account # _____

Address: _____ Current Balance \$ _____

Bank: _____ Type of Account: _____ Account # _____

Address: _____ Current Balance \$ _____

Bank: _____ Type of Account: _____ Account # _____

Address: _____ Current Balance \$ _____

Assets (within last 2 years, in applicant's name, joint ownership or trust)

Cert. of Deposit- Bank: _____ Account # _____

Address: _____

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Address: _____

Cert. of Deposit- Bank: _____ Account # _____

Address: _____

Stocks – Brokerage Firm: _____ Account # _____

Address: _____

Bonds – Company _____ Account # _____

Address: _____

Cash on hand _____

Life Insurance Policies (within last 2 years, in applicant's name, joint ownership or trust)

Company: _____ Address: _____

Policy #: _____ Approx. Value \$ _____

Company: _____ Address: _____

Policy #: _____ Approx. Value \$ _____

Funeral Trust: _____ Address: _____

Policy # _____ Approx. Value \$ _____

Long Term Care Insurance

Any long-term care policies that cover Assisted Living? Yes ___ No ___

If yes, please list company and policy # _____

Amount paid for services: \$ _____

Any other sources of income: (Please describe)

Any debts, mortgages or other financial obligations that would affect the income assets:

The financial information in this statement is true and is submitted in consideration for residency at Magnolia Crossing.

Signature _____ Date _____