



CONFIDENTIAL FINANCIAL DATA

Applicant (A) _____

DATE _____

Applicant (B) _____

Monthly Income	Applicant A	Applicant B	Total
Social Security Payment	\$	\$	\$
Pension and Retirement	\$	\$	\$
Veterans Benefits	\$	\$	\$
Annuities	\$	\$	\$
Dividends and Interest	\$	\$	\$
Rental Property	\$	\$	\$
Other Income (specify)	\$	\$	\$
Total Monthly Income	\$	\$	\$

Assets	Joint - Note Area	Applicant A	Applicant B	Total
Checking	\$	\$	\$	\$
Savings	\$	\$	\$	\$
Certificates of deposit (CDs)	\$	\$	\$	\$
Annuities (list type of)	\$	\$	\$	\$
Stocks/Bonds	\$	\$	\$	\$
Mutual Funds	\$	\$	\$	\$
Retirement Funds (IRA, 401K, etc.)	\$	\$	\$	\$
Real Estate (specify location)	\$	\$	\$	\$
Other (specify)	\$	\$	\$	\$
Total	\$	\$	\$	\$

Have you gifted any resources in the past 5 years? _____

Veterans Aid and Attendance: Are you a Veteran? Yes No Veteran's Spouse? Yes No

Branch: _____ Are you a Wartime Veteran? Yes No What Conflict? _____

Long Term Care Insurance	Applicant A	Applicant B	
Company			
Annual Cost	\$	\$	
Elimination Period			
Assisted Living Coverage	\$ /day	\$ /day	Max./# years
Nursing Care Coverage	\$ /day	\$ /day	Max./# years
In-Home Care Coverage	\$ /day	\$ /day	Max./# years

Life Insurance

Company _____ Type _____ Policy No. _____

Beneficiary _____

Cash Value _____ Death Benefit Value _____

Continues on Next Page

Monthly Expenses that Continue Once at Wesbury	Applicant A	Applicant B	Total
Auto Insurance	\$	\$	\$
Health Insurance	\$	\$	\$
Life Insurance	\$	\$	\$
Long-term Care Insurance	\$	\$	\$
Prescriptions	\$	\$	\$
Food and Gas	\$	\$	\$
Personal (clothing, travel, entertainment etc.)	\$	\$	\$
Utilities (If House is Unsold)	\$	\$	\$
Donations or Tithing	\$	\$	\$
Other Monthly Expenses (specify)	\$	\$	\$
Total	\$	\$	\$

Outstanding Debt	Applicant A Monthly Payment	Applicant B Monthly Payment	Outstanding Balance	Pay Off Date
Credit Cards				
Real estate (Mortgage)				
Other Loans (vehicle, RV, boat, etc.)				
Other (specify)				
Total				

Notes: _____
