

Resident: _____ Date: _____

I certify that the information I have provided in the foregoing FINANCIAL STATEMENT is true and correct. I understand that _____ is relying on the accuracy of the information in order to make an admission decision and budget appropriately to be able to provide the necessary and desired care to all its residents. I understand and agree that any misrepresentation or omission as to any information provided in this FINANCIAL STATEMENT, or material changes to the applicant's financial condition, including the transfer of assets, may be grounds for rejection of this FINANCIAL STATEMENT or termination of agreements to provide housing or services administered pursuant to it. In such event, _____ reserves the right to pursue any remedies available to it, legal, equitable or otherwise, it may have against the applicant and/or responsible party signing the FINANCIAL STATEMENT below on behalf of the applicants.

The above resident's stay at this facility is currently private pay. If your monthly resources and assets cannot continue to pay this amount, you must apply for Medical Assistance through the county in which you reside. It is your responsibility to contact and submit all information required for this assistance.

All _____ residents MUST have a minimum of 2 years of private pay funds.

Elderly Waiver/Medical Assistance (EW/MA) Acceptance: I understand that _____ has a limited number of EW/MA units available. Should I need to convert from private pay to EW/MA assistance, I am able to do so and remain at _____ only if an EW/MA unit is available at the time of the conversion and I meet the EW/MA eligibility guidelines.

If you need to apply for Medical Assistance you will need to contact your county's Financial Services to open an application and submit financial records. Also, you must contact local social service agencies for an Elderly Waiver screening. Please inform the Housing Director when you will be applying for these services.

RESPONSIBLE PARTY (if applicable): I am signing as the Responsible Party. I have either been authorized to provide the information contained in the FINANCIAL STATEMENT pursuant to the resident's Power of Attorney, Guardianship, Conservator or similar appointment. Acceptable proof of such appointment has been provide to _____.

By: _____

Signature of Responsible Party/Applicant

Financial Statement (for Applicant Only)

Monthly Income:

1. Social Security \$ _____
2. Pension \$ _____
3. Interest and Dividends \$ _____
4. Other Income (describe) \$ _____

Monthly Total: \$ _____

Assets & Liabilities:

1. Assets owned jointly and separately by the applicant and other person(s) which are available to the applicant only: \$ _____
 - A. Real Estate \$ _____
 - B. All other assets (stocks, savings accounts, mutual funds, etc.) \$ _____
2. Less off-setting liabilities \$ _____

Net Assets Owned which are Available to the Applicant Only: \$ _____

Other Assets in which the applicant has an interest (describe property and interest held):

Long Term Care Insurance Policy Information:

Name of Insurance Company _____

Policy Number _____

\$ _____ Per Day for _____ Years