Congregational Home: **Financial Statement**

Applicant Name: **Date:**

	APPLICANT	SPOUSE	JOINT
MONTHLY INCOME			
Social Security			
Pension			
Long-Term Care Insurance Payout (State For What Length of Time)			
Interest			
Other (Describe)			

TOTAL MONTHLY INCOME: Applicant + Spouse + Joint = $

	APPLICANT	SPOUSE	JOINT
ASSETS (Approx Fair Market Value)			
Checking & Savings Accts			
Stocks / Bonds			
CD's			
Mutual Funds			
Retirement Accounts			
Annuities			
Trust Fund			
Primary Residence Real Estate (Assessed Value)			
Other Real Estate / Land (Assessed Value)			
Other (Describe)			

TOTAL ASSETS: Applicant + Spouse + Joint = $

	APPLICANT	SPOUSE	JOINT
LIABILITIES (Total Owed)			
Loans / Liens			
Mortgages			
Medical Bills			
Credit Cards			
Other (Describe)			

TOTAL LIABILITIES: Applicant + Spouse + Joint = $

Financial Statement

Updated 3-28-22

Applicant Name_____**DOB**_____**Age**_____

Marital Status **(circle one)**

 Never Married   /   Married   /   Divorced   /   Legally Separated   /   Widowed

Requested Level of Care:

_____Independent Living

_____Assisted Living

_____Long-Term Skilled Nursing Home or Hospice

_____Short-Term Rehab

Have you been in an Assisted Living, Nursing Home or Short-Term Rehab Facility in the past?

NO / YES - If YES, please state Where & When:_____

Are you working with an AGENCY **that Provides Advice, Consultation, Case Management or Placement Assistance, such as** *A Place For Mom***;** *Senior Planning & Advisors,* **Etc…?**

NO / YES - If YES, please name Agency:_____

Please remember to complete Income, Assets & Liabilities info on Page 1 of 2.

Congregational Home does not accept Medicaid Title 19 as a form of payment.

I agree that Applicant, Spouse & Joint Listed Assets will be made available to Congregational Home to cover Applicant's cost of care.

Applicant_____Date_____

Signature

Spouse_____Date_____

Signature

Applicant Legal Representative_____Date_____

Signature

Please list Legal Representative's Relationship to Applicant, Legal Authority & Phone Number:

_____

_____Accepted for: _____Long-Term **OR** _____ Short-Term Only_____

_____Not Accepted_____

President / CEO_____Date_____