

A Nurses Touch Residential Care



Financial Data Statement

Resident Name: _____

Assets						
	1 st Person	Is the asset security for a loan?		2 nd Person	Is the asset security for a loan?	
		Yes	No		Yes	No
Cash (Savings & Checking)						
CDs, Money Markets, etc.						
Stocks & Bonds						
IRA's						
Annuities						
House						
Other Real Estate						
Trust Fund						
Indicate % beneficial int.						
Cash Surrender Value of Life Insurance						
Other Assets (describe below)						
Total Assets	\$			\$		
Mortgage on Residence						
Mortgage (s) on Real Estate						
Other Bank Loans						
Loans Against Cash Surrender Value of Life Insurance						
Other Liabilities (Notes Payable, etc.)						
Total Liabilities	\$			\$		

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Financial Data Statement Continued

HAVE YOU GUARANTEED ANY DEBT OWED BY ANOTHER? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Guarantor(s)	Debtor	Relation	Amount of Debt

Regular Monthly Income		
	1 st Person	2 nd Person
Social Security		
Pension*		
Dividends		
Interest		
Annuity		
Mortgage/Rental income		
IRA Income		
Trust Income		
Other Monthly Income		
Total Regular Monthly Income	\$	\$

*With regard to monthly pension income reflected, will the monthly payment continue in the same amount for the life of the other person listed (generally, the surviving spouse)? Yes No
 If not, what will be the monthly payment after the death of the recipient listed? \$/Month _____

I hereby declare that all statements made herein are true according to my best knowledge and belief. In witness hereof, I have hereunto set my hand to this application this day of _____ Year _____

Signature of 1st Person

Signature of 2nd Person

Print Name

Print Name

Signature of Approved Authorized A Nurse Touch Residential Care