

Extended Family Senior Services, LLC



Management Agent for Graceland Gardens, LLC

Financial Statement

Applicant Name: _____ Date of Birth: _____

Applicant Address: _____ Phone Number: _____

Application Completed By: _____ Relationship: _____

Address of Person Completing Application: _____

Phone # of Person Completing Application: _____ Date of Application: _____

GENERAL INFORMATION

Please provide information about the applicant

Applicant's Marital Status: Married Single Separated Divorced Widowed

If married, where does the spouse currently live? _____

How soon do you anticipate needing assisted living?

- Within 30 days
- Within 90 days
- Within 6 Months
- within 12 Months

Will someone else help with paying for your residency and care? Yes No

If yes, who/relationship? _____ / _____

Please note, if a guarantor is involved, a Financial Statement and a signed Guarantor Agreement is required prior to admission. Guarantors will need to be approved.

RESIDENT MONTHLY INCOME			
Source of Income	Description/Notes	Amount	Owned By
Social Security:		\$	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Pension	Source(s):	\$	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Insurance, IRA or Annuities:	Source(s):	\$	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Interest or Dividends:	Source(s):	\$	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Rental Income:		\$	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Mortgage Income:			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Other Income: Example: Reverse Mortgage			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
TOTAL MONTHLY INCOME:			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint

ASSETS			
Assets	Description/Bank/ Financial Institution	Amount	Owned By
Home: (Market value less unpaid mortgages)		\$	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Other Realestate		\$	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Savings & Money Market Accounts:		\$	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Checking:		\$	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Certificates of Deposit:		\$	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Stocks and Bonds:		\$	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Trust Fund:		\$	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Other Assets:		\$	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
TOTAL ASSETS:		\$	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint

APPLICANT'S HEALTH INSURANCE AND MONTHLY MEDICAL EXPENSES	
Health Plans (Select all that apply)	Premium
<input type="checkbox"/> Medicare Part A Date eligible: ___/___/___	\$
<input type="checkbox"/> Medicare Part B Date eligible: ___/___/___	\$
<input type="checkbox"/> Medicare Part C Date eligible: ___/___/___	\$
<input type="checkbox"/> Medicare Part D Date eligible: ___/___/___	\$
Primary/Supplemental Health Insurance _____ Address: _____ ID# _____ Phone: _____ Owned by: _____ Date of Birth: _____	\$

<input type="checkbox"/> Other out-of-pocket medical expenses: Type _____ Monthly Amount: _____
<input type="checkbox"/> LTC Insurance Company: _____ Policy # _____ Premium: _____
Long Term Care
Summary of Benefit:

I understand that an update to this information will be required prior to and/upon admission and each year, along with supporting documents. I/We hereby declare that all statements made herein

are true and complete according to my/our best knowledge and belief and that the assets listed are in fact available to the resident to pay for the resident's care. I/We understand that any misrepresentation or falsification of this information may result in being disqualified for residency or discharge from the Extended Family Senior Services care management agent of Graceland Gardens, LLC.

I (we) give permission to the management agents to request a Credit Report and background/or criminal check from either Experian, Equifax, Atlantis or TransUnion. I (we) understand that approval of my (our) application may be based on my (our) Credit Report(s). Other considerations will be health assessment, residence history and verification of income and assets. A deposit of a non-refundable \$_0_ is hereby tendered with this application review. Should this application not be approved, the owner, and management agents shall not be responsible for any claim or damage.

Applicant understands that the management agents will incur certain expenses as a result of this application. Therefore, the applicant agrees that should the applicant or representative withdraw this application more than two calendar days after the applicant makes this application, the management agent will retain the \$_0_ as liquidated damages and agree to the expenses incurred by the management agent. Applicant understands that Graceland Gardens is a suggested 55 years and older community.

X _____

Signature of Applicant & Date

X _____

Signature of Person Completing Application & Date

X _____

Signature of Extended Family Senior Service Representative & Date

This Financial Statement is to be completed with all documentation. Approval of Financial Statement is not a approval of admission. The following items are required to support Financial Statement:

- Financial Records – Current statements for monthly income and assets listed
- Current U.S. Government or State ID Photo required
- Social Security, Medicare, health insurance and LTC insurance cards
- LTC Insurance policy
- Powers of Attorney and/or guardianship/conservatorship