

FINANCIAL INFORMATION

The following is a true statement of all property, securities and investments, cash, bank accounts, insurance policies and assets or sources of income of any and every kind of nature, either in my possession or held by others for my use or benefit, or in which I may have a present or future interests:

1. MONTHLY INCOME	AMOUNT PER MONTH
From Social Security Benefits...Direct deposits to bank? _____	\$ _____
From Supplemental Social Security (S.S.I.)...Direct Deposit to bank? _____	_____
From Other Government Agencies (Federal, State or City)	_____
Civil Service # _____ R.R. Retirement # _____	_____
From Veteran's Pensions	_____
From Company Pensions...Name of Company: _____	_____
From Union Pensions...Name of Union: _____	_____
From other Pensions...Name: _____	_____
From Foreign Governments, including Pensions, Restitutions and Indemnification Payments	
Give details: _____	_____
From Interest on Bank Accounts	_____
From Dividends on Securities	_____
From Interest on Securities (Treasury Notes, Corporate Bonds, etc.)	_____
From Insurance Payments or Annuities...Name of Company: _____	_____
From Real Estate (Rents, Interests, etc.)	_____
From Bequests, Legacies, or Trusts... Name of Estate or Trust _____	_____
From Alimony	_____
From IRAs, Keoghs, Tax Sheltered Annuities: _____	_____
From Children: Names: _____	_____
From Others: (Relatives and/or Friends, etc.): _____	_____
Total Monthly Income	_____

2. MONTHLY LIVING EXPENSES

My monthly rent or mortgage payment is

Cost of nursing care per month (if applicable)

3. ASSETS

Present Bank Accounts (savings and checking):

1. Name of Bank _____ Address _____ Zip _____
 Account No. _____ Type of Account _____
 Balance _____ Date _____
2. Name of Bank _____ Address _____ Zip _____
 Account No. _____ Type of Account _____
 Balance _____ Date _____

(Use supplemental sheet if space is not sufficient and check here)

List your Real Property: (List residence first)

1. Location _____ Description of property _____
 Current market value _____ Amount of Mortgages against property _____
 Does anyone share the residence with you? Yes No
 If yes, what is their relationship with you? _____
 How long have they shared the residence with you? _____

2. Location _____ Description of property _____
 Current market value _____ Amount of Mortgages against property _____

(Use supplemental sheet if space is not sufficient and check here)

List your Securities and Investments (stocks, bonds & notes) as follows:

Number of shares or dollar amount:

Name of stockbroker _____ Account # _____

Address _____ Phone (____) _____

(Use supplemental sheet if space is not sufficient and check here)

List Retirement Accounts

Value:

Trust

Do you have a Trust? Yes No Is Trust Revocable? Yes No

If yes, name of trustee _____ Address _____

Phone (____) _____ Total value of Trust _____

Total Monthly Income from Trust _____ Beneficiary _____

Does anyone owe you money? Yes No Amount _____

If yes, please explain _____

Do you owe anyone money? Yes No Amount _____

If yes, please explain _____

List all Insurance Policies which have a cash value.

Company _____ Policy # _____

Amount _____

(Use supplemental sheet if space is not sufficient and check here)

List any other assets or financial information not described _____

Do you have a Safety Deposit Box? Yes No Location _____ Number _____

Do you have a Will? Yes No In whose possession is it? _____

What is your attorney's name? _____

Address _____ Zip _____ Phone (____) _____

Have you made the following legal arrangements?

1. Durable Power of Attorney - Health Care Yes No
2. Durable Power of Attorney - General Yes No
3. Conservatorship of person Yes No
4. Conservatorship of estate Yes No
5. Other _____

For each item marked "yes", please complete the following:

1. _____
Legal arrangement _____ Name of agent _____
_____ (____)
Relationship to applicant _____ Address _____ Phone _____

2. _____
Legal arrangement _____ Name of agent _____
_____ (____)
Relationship to applicant _____ Address _____ Phone _____

(Use supplemental sheet if space is not sufficient and check here)

Have you made any *prepaid* funeral and/or burial arrangements? Yes No

Do you own a burial plot, vault or crypt? Yes No If yes, give details: _____

Name of Mortuary (mandatory) _____

Address _____ Zip _____ Phone (____) _____

Have you closed bank accounts, sold, transferred, assigned, made any gifts, or otherwise disposed of any money, securities, insurance policies, real or personal property or other assets within the past five years? Yes No
If yes, specify date closed or transferred, market value of assets, and to whom transferred.

I hereby declare that each and all of the foregoing statements are true, correct, and complete. I also understand that this Part B is an integral part of my application to the Home and that my application may be rejected for any incorrect and incomplete information given herein.

Signature of Applicant or Designee

Date