

Applicant Name: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Joint Statement with Spouse?  Yes  No

- 1. Do you own a home?  Yes  No
- 2. Do you own a business or farm?  Yes  No
- 3. Is there a mortgage on your home?  Yes  No  
If Yes, what is the balance owed? \_\_\_\_\_
- 4. What is your average monthly income (from worksheet on back)? \$ \_\_\_\_\_
- 5. What is your ave. monthly expense total (from worksheet on back)? \$ \_\_\_\_\_
- 6. Is part of your income being used to support another person?  Yes  No  
If Yes, provide: \_\_\_\_\_ \$ \_\_\_\_\_  
Name Relationship Amount

Comments: \_\_\_\_\_

- 7. Do you have a financial manager?  Yes  No  
If Yes, provide: \_\_\_\_\_  
Name Telephone No.  
Address City State Zip Code

- 8. Do you have a will?  Yes  No
- 9. Do you have a living trust?  Yes  No  
If Yes, provide: \_\_\_\_\_  
Name of Trustee  
Address City State Zip Code Telephone No.

- 10. Who will be responsible for payment of your bills?  Self  Other  
If Other, provide: \_\_\_\_\_  
Name Telephone No.  
Address City State Zip Code

**Monthly Income**

SOURCE (Enter a monthly average if not received monthly)	AMOUNT
Social Security .....	\$ _____
Pensions.....	_____
Annuities.....	_____
Investment Earnings (interest, rent, dividends, etc.) .....	_____
Other .....	_____
<b>TOTAL INCOME</b>	<b>\$ _____</b>

**Monthly Expenses**

List All Current Monthly Expenses (Enter a monthly average if not paid monthly or if amount varies)

	AMOUNT
Rent / Mortgage.....	\$ _____
Utilities .....	_____
Insurance .....	_____
Credit Cards / Loans.....	_____
Medical / Dental (Not covered by insurance) .....	_____
Other .....	_____
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>

**CASH ASSETS - (Checking Accounts, Passbook Savings, CD's, etc.)**

Name of Institution	Account Type	Signature on Account	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECURITIES - (Stocks, Bonds, Real Estate, Other)**

Description	Current Value
_____	_____
_____	_____

- I certify that all information provided in this application is true, complete, and accurate to the best of my knowledge. I further understand that any deliberate falsification of information will void this application and cancel any consideration for subsidy and/or residency.
- I understand that only fully completed applications will be considered for residency.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_  
(Spouse, Power of Attorney, or Guardian)