



# Financial statement

To accompany application to Meth-Wick

Description	Current Value	Yearly Income
<b>CASH</b>		
(Checking, Savings & Money Market Accounts, etc.)		
<b>INVESTMENTS</b>		
(i.e. Bonds, Stocks, CD's, etc.)		
<b>OTHER ASSETS</b>		
(Real Estate, etc.)		
<b>DEBT</b>	(_____)	
(Loans, Credit Cards, Mortgage, etc.)	(_____)	
	(_____)	
<b>TOTAL:</b>	<b>_____</b>	<b>_____</b>

MONTHLY INCOME	Applicant #1	Applicant #2
Social Security .....	_____	_____
Pension.....	_____	_____
Annuity.....	_____	_____
Other.....	_____	_____
<b>TOTAL:</b>	<b>_____</b>	<b>_____</b>

Do you have Long-term Care Insurance?  Yes  No

If so, policy company \_\_\_\_\_ policy number \_\_\_\_\_

Is this a qualified IA Partnership Policy?  Yes  No

ACCORDING to my best knowledge and belief, the foregoing information is complete, accurate and true in all respects. I understand that the accuracy of the above financial report is one of the conditions of my acceptance at Meth-Wick Community, Inc. and that the total resources listed on my application are available as needed for my personal care and will not be used for any other purpose. My representative has access to my assets described above.

\_\_\_\_\_  
Applicant #1 Signature Date

\_\_\_\_\_  
Applicant #2 Signature Date

Acknowledged and agreed to by the Resident's Representative:

\_\_\_\_\_  
Signature of Resident's Representative Date