

# Confidential Financial Information

**Full Name** \_\_\_\_\_  
First Middle Last

**Address** \_\_\_\_\_  
Street Number City State Zip Code

**Telephone** ( ) \_\_\_\_\_

Presbyterian Manor, Perkins-Prothro Health Care Center and the Earle W. Crawford House of Hope are operated by Presbyterian Manor, Inc., on a not-for-profit basis. To assure a financially sound and stable operation, your cooperation and understanding are needed to assist the Manor in its responsibility to ensure quality services while maintaining the lowest possible operating cost. It is therefore necessary for the Manor to have evidence of sufficient assets and income for residents to meet the monthly service fees and expenditures for personal needs. **Information on this form will be kept strictly confidential.**

## ASSETS

Checking Account \$ \_\_\_\_\_  
Savings Account \$ \_\_\_\_\_  
Stocks and Bonds (list on back) \$ \_\_\_\_\_  
Homestead \$ \_\_\_\_\_  
Other Real Estate (list on back) \$ \_\_\_\_\_  
Other Assets \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

## LIABILITIES

Real Estate Mortgages \$ \_\_\_\_\_  
Other Debts \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

## YEARLY INCOME

Social Security \$ \_\_\_\_\_  
Pensions \$ \_\_\_\_\_  
Interest and Dividends \$ \_\_\_\_\_  
Trust \$ \_\_\_\_\_  
Royalties \$ \_\_\_\_\_  
Rentals \$ \_\_\_\_\_  
Other Sources \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

## LIFE INSURANCE

Name of Company \_\_\_\_\_  
Policy Amount \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
  
Name of Company \_\_\_\_\_  
Policy Amount \_\_\_\_\_  
Beneficiary \_\_\_\_\_

Name and address of your attorney \_\_\_\_\_  
Power of Attorney (if any) held by whom? \_\_\_\_\_  
Do you have a will? \_\_\_\_\_ If so, where is it located? \_\_\_\_\_  
Do you have burial or pre-need arrangement? \_\_\_\_\_  
Name of company \_\_\_\_\_  
Describe provisions \_\_\_\_\_

*I (we) will retain in my (our) name(s) enough assets to carry out my (our) commitments to Presbyterian Manor, Inc. I declare that to the best of my knowledge and belief, the information given in this application is correctly recorded, complete and true, and I agree that Presbyterian Manor shall rely and act upon it accordingly.*

Signature

Date