



FOR OFFICE USE ONLY

Plan: _____

Apt Size: _____ Single/Double

EF _____ Mo. Fee: _____

Applicant's Name: _____

Co-Applicant's Name: _____

Today's Date: _____

Confidential Financial Statement

Arbor Glen respects the privacy of every applicant and seeks the following financial information circumstances for no reason other than to have assurance that the necessary amounts needed under the Residence and Care Agreement, and for personal needs, can be adequately met by the resident's and co-resident's own resources. This includes coverage of fees upon entry and those in the future, based on assumed monthly charges for life, considering lifestyle needs and obligations.

Arbor Glen must be satisfied that your resources are sufficient to last your lifetime. It may be necessary to utilize your capital funds to pay increased monthly maintenance charges. This is important for your protection and for the protection of Arbor Glen. Arbor Glen is not interested in your total estate, but information is needed that will assure us that you have sufficient funds to cover the Entrance Fee, and income or assets sufficient to insure your ability to pay the monthly fee for the balance of your lifetime, plus a reasonable amount for other expenses.

1) Name: _____ DoB: _____
 Name of Co-Applicant: _____ DoB: _____

2) List all assets, resources and liabilities. Arbor Glen requires that each applicant prove his and/or her possession and control of sufficient assets (net of liabilities) to pay the entrance fee, on-going monthly charges, special personal needs and other personal expenses. Applicants understand that the combined resources stated below are to be reserved and used for the surviving applicant, in the event of the death or departure of either applicant.

NET INCOME

	APPLICANT	CO-APPLICANT		AMOUNT PER MONTH	TOTAL YEARLY
Social Security:	_____	+ _____	= \$	_____	\$ _____
Pensions:	_____	+ _____	= \$	_____	\$ _____
Annuity:	_____	+ _____	= \$	_____	\$ _____
Trust:	_____	+ _____	= \$	_____	\$ _____
Rental:	_____	+ _____	= \$	_____	\$ _____
Other (describe):	_____	+ _____	= \$	_____	\$ _____
				GRAND TOTAL	\$ _____



Confidential Financial Statement (continued)

ASSETS

	APPLICANT	CO-APPLICANT	TOTAL
Investment Portfolio: (Stocks, Bonds, Mutual Funds, etc.)	_____	+ _____	= \$ _____
Savings & Checking:	_____	+ _____	= \$ _____
Certificate Value:	_____	+ _____	= \$ _____
IRA/Annuity:	_____	+ _____	= \$ _____
Real Estate:	_____	+ _____	= \$ _____
Life Insurance Cash Value:	_____	+ _____	= \$ _____
Other (describe):	_____	+ _____	= \$ _____
		GRAND TOTAL	\$ _____

LIABILITIES

	APPLICANT	CO-APPLICANT	TOTAL
Mortgage:	_____	+ _____	= \$ _____
Second Mortgage:	_____	+ _____	= \$ _____
Time share rental or second property:	_____	+ _____	= \$ _____
Credit Line outstanding balance:	_____	+ _____	= \$ _____
Bank Loans:	_____	+ _____	= \$ _____
Credit Card #1:	_____	+ _____	= \$ _____
Credit Card #2:	_____	+ _____	= \$ _____
Credit Card #3:	_____	+ _____	= \$ _____
List all additional debts by each applicant, on separate sheets. State amount here:			\$ _____
Un-recorded loans to family or friends:	_____	+ _____	= \$ _____
		GRAND TOTAL	\$ _____



Confidential Financial Statement (continued)

3) CURRENT EXPENSES

APPLICANT	CO-APPLICANT	AMOUNT PER MONTH	TOTAL YEARLY
Mortgage or Rent: _____	+ _____	= \$ _____	\$ _____
Auto Loan/Lease: _____	+ _____	= \$ _____	\$ _____
Non-Medical Insurance: _____	+ _____	= \$ _____	\$ _____
Medical Out-of-Pocket: _____	+ _____	= \$ _____	\$ _____
Medical Insurance: _____	+ _____	= \$ _____	\$ _____
Long-Term Care Insurance: _____	+ _____	= \$ _____	\$ _____
Food & Household: _____	+ _____	= \$ _____	\$ _____
Charity: _____	+ _____	= \$ _____	\$ _____
Gifts: _____	+ _____	= \$ _____	\$ _____
Travel: _____	+ _____	= \$ _____	\$ _____
Professional Svcs: _____	+ _____	= \$ _____	\$ _____
Contracted Svcs: _____	+ _____	= \$ _____	\$ _____
All other current expenses (describe):			
Expense: _____	+ _____	= \$ _____	\$ _____
Expense: _____	+ _____	= \$ _____	\$ _____
Expense: _____	+ _____	= \$ _____	\$ _____
Expense: _____	+ _____	= \$ _____	\$ _____

(attach additional sheets if necessary)

GRAND TOTAL \$



Confidential Financial Statement (continued)

4) Do any of the following items increase and if so, on what basis?

Pensions: _____

Annuity: _____

Trust: _____

Rental: _____

Will there be change with the death of co-applicant? Yes: _____ No: _____

5) Do you have Long Term Care Insurance? Yes: _____ No: _____

If so, is your Long Term Care Insurance policy compatible to and beneficial with the provisions of Arbor Glen's Residency & Care Agreement? Yes: _____ No: _____

Please provide information below about your Long Term Care Insurance Policy or Policies:

	APPLICANT	CO-APPLICANT
Policy Date:	_____	_____
Benefit Period:	_____	_____
Maximum Benefit:	_____	_____
Elimination Period:	_____	_____
Daily Benefit:	_____	_____
Inflation Factor:	_____	_____
Annual Premium:	_____	_____



Confidential Financial Statement (continued)

6) Please attach copies of the following:

- Substantiation of monthly income: 6 months of bank statements/statements from investment brokerage firms; 3 years of tax returns
- Your summary of the current account value of all your bank/investment accounts
- Real estate tax appraisal, market analysis, or contract of sale
- Insurance policy(s) schedule of benefits

7) Please indicate the names, companies, phone numbers and addresses of the following advisors. By checking the box to the right, "yes," you give Arbor Glen permission to speak with these individuals regarding your financial ability to live at Arbor Glen.

Financial Advisor: _____ Yes: _____ No: _____

Brokerage/Investment Firm(s): _____ Yes: _____ No: _____

_____ Yes: _____ No: _____

_____ Yes: _____ No: _____

_____ Yes: _____ No: _____

_____ Yes: _____ No: _____

Bank or Trust Officer or Trustee: _____ Yes: _____ No: _____

Attorney: _____ Yes: _____ No: _____

Other: _____ Yes: _____ No: _____



Confidential Financial Statement (continued)

I affirm that the foregoing is a true statement of facts known to me and that it is submitted as part of application request for residency at Arbor Glen. I agree to maintain the assets that I have reported in this "Confidential Financial Statement" and to report to Arbor Glen within thirty (30) days any significant increase or decrease (+/- 5%) of any amounts reported above, or the cancellation of any insurance policies, both while I am considering residency at Arbor Glen and after I may become a resident. Arbor Glen agrees to maintain confidentiality of this information to persons responsible for decision-making for residency and care, in compliance with the law. I also understand that all amounts reported by the applicant and co-applicant are to be used in perpetuity for the care of each party to the agreement, as long as the other shall live: no amounts reported above are to be disbursed to others at the time of separation, death, divorce or vacancy of the residential unit by either of the co-residents individually. I also have instructed my estate to provide periodic updates of financial disclosure information for the sole purpose of determining amounts owed between **either** Arbor Glen and your estate.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____