



ST. BARNABAS COMMUNITIES

Applicant Financial Information

This Information Will Be Kept in Strictest Confidence

- The Village
 The Woodlands
 The Washington Place
 White Tail Ridge

Name of First Person	Birth Date, First Person
Name of Second Person	Birth Date, Second Person
Street Address	Phone Number
City State Zip	Home Type / Plan / Rate

ASSETS & ANNUAL INCOME

Value as of _____
Date

	\$ Value of Asset	Annual Income from Asset
Real Estate:		
Residence _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Cash: Savings _____	\$ _____	\$ _____
CDs _____	\$ _____	\$ _____
Money Market Accts. _____	\$ _____	\$ _____
Marketable Securities:		
Stocks _____	\$ _____	\$ _____
Bonds _____	\$ _____	\$ _____
Mutual Funds _____	\$ _____	\$ _____
Proceeds from Life Ins. _____	\$ _____	\$ _____
Cash Surrender Value of Ins. _____	\$ _____	\$ _____
Trust and Custodial Accts. _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
<i>Identify Source(s)</i>		
TOTALS	\$ _____	\$ _____



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Name of Applicant(s)

DEBTS

Owed as of _____
Date

Owed to:	Amount Owed	Security (If Any)
Bank _____ Name of Bank	\$ _____	_____
Bank _____ Name of Bank	\$ _____	_____
Mortgage _____ Name of Lender	\$ _____	_____
Mortgage _____ Name of Lender	\$ _____	_____
Credit Card _____ VISA	\$ _____	_____
Credit Card _____ MASTERCARD	\$ _____	_____
Credit Card _____ DISCOVER	\$ _____	_____
Credit Card _____ AMERICAN EXPRESS	\$ _____	_____
Credit Card _____	\$ _____	_____
Credit Card _____	\$ _____	_____
Finance Company _____ Name of Lender	\$ _____	_____
Other _____ Name of Lender	\$ _____	_____
TOTAL OWED	\$ _____	

FINANCIAL REFERENCES

Bank _____	_____	_____
Name	Address	
Bank _____	_____	_____
Name	Address	
Trust Co. _____	_____	_____
Name	Address	
Other _____	_____	_____
Name	Address	



Applicant Financial Information – Page 3
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		Name of Applicant(s)
		Annual Income
From Assets Listed on Page 1		\$ _____
Social Security:		
First Person		\$ _____
Second Person		\$ _____
Pension (First Person)		
Fixed as to Amount	_____	\$ _____
	Source of Pension	
Increases with COLA (Cost of Living)	_____	\$ _____
	Source of Pension	
Pension (Second Person)		
Fixed as to Amount	_____	\$ _____
	Source of Pension	
Increase with COLA	_____	\$ _____
	Source of Pension	
Other Recurring Income	_____	\$ _____
	Source of Other Income	
Other Recurring Income	_____	\$ _____
	Source of Other Income	
TOTAL ANNUAL INCOME		\$ _____

These are my/our assets, debts, liabilities and sources of income as of _____ Date

I (we) acknowledge that all funds paid, including application fee or deposit, shall be considered non-refundable given the extensive evaluation process conducted by St. Barnabas Communities if you elect to terminate the application process.

First Person Signature	Date
Second Person Signature	Date