



# ST. BARNABAS COMMUNITIES

## *Applicant Financial Information*

**This Information Will Be Kept in Strictest Confidence**

The Village

The Woodlands

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*

		<b>\$ Value of Asset</b>	<b>Annual Income from Asset</b>
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>		
<b>TOTALS</b>		\$ _____	\$ _____



**Applicant Financial Information – Page 2**  
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\_\_\_\_\_  
Name of Applicant(s)

**DEBTS**

Owed as of \_\_\_\_\_  
*Date*

<b>Owed to:</b>	<b>Amount Owed</b>	<b>Security (If Any)</b>
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	\$ _____	_____
<b>TOTAL OWED</b>	<b>\$ _____</b>	

**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)
		<b>Annual Income</b>
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	
<b>TOTAL ANNUAL INCOME</b>		<b>\$ _____</b>

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.

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that a false statement may disqualify me for any future financial assistance for which I apply.

_____	_____
First Person Signature	Date
_____	_____
Second Person Signature	Date