



ST. BARNABAS COMMUNITIES

Resident Financial Update

This information will be kept in strictest confidence.

The Village The Woodlands White Tail Ridge

Name of First Person _____ Birth Date _____

Name of Second Person _____ Birth Date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____

Email Address _____

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 & Custodial Accts. _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Identify source (s)		
TOTAL	\$ _____	\$ _____

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Name of Applicant(s) _____

Debts

Owed as of (date) _____

	Amount Owed	Security (if any)
Owed to:		
Bank _____	\$ _____	_____
Mortgage Lender _____	\$ _____	_____
Credit Card - American Express _____	\$ _____	_____
Credit Card - Discover _____	\$ _____	_____
Credit Card - Master Card _____	\$ _____	_____
Credit Card - VISA _____	\$ _____	_____
Credit Card _____	\$ _____	_____
Credit Card _____	\$ _____	_____
TOTAL	\$ _____	

Financial References

Bank Name _____

Address _____

Bank Name _____

Address _____

Trust Company Name _____

Address _____

Other Name _____

Address _____

Other Name _____

Address _____

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Name of Applicant(s) _____

Debts

Owed as of (date) _____

	Annual Income
From Assets Listed on Page 1	\$ _____
Social Security - First Person	\$ _____
Social Security - Second Person	\$ _____
Pension - First Person	
Fixed as to Amount _____	\$ _____
Increases with COLA (Source of Pension) (Cost of Living) _____	\$ _____
Pension - Second Person	
Fixed as to Amount _____	\$ _____
Increases with COLA (Source of Pension) (Cost of Living) _____	\$ _____
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.

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 which I apply.

Name of First Person _____ Date _____

Name of Second Person _____ Date _____

