



ST. BARNABAS RETIREMENT 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

		\$ 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

\$ _____ \$ _____



ST. BARNABAS

RETIREMENT COMMUNITIES

Applicant Financial Information – Page 2

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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



ST. BARNABAS

RETIREMENT COMMUNITIES

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.

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