



747 Water Street ■ Framingham, MA 01701 ■ phone 508-665-5300 ■ fax 508-788-6601 ■ www.heritageassistedliving.org

FINANCIAL INFORMATION

PLEASE COMPLETE THE FOLLOWING FINANCIAL INFORMATION TO ASSIST HERITAGE AT FRAMINGHAM IN THE APPLICATION PROCESS.

Documentation such as form 1040, bank statements, trusts and powers of attorney may be required.

Applicant name(s) _____

Last

MI

First

Last

MI

First

Address _____

City/State/Zip _____ Phone _____

Date of birth _____ Social Security # _____

If applying with spouse, are all assets held jointly? Yes No (If no, complete separate forms).

INCOME SOURCES

The following worksheet is necessary to determine if your financial resources are adequate to cover the monthly living costs in a Heritage Senior Living Community (this information is kept confidential).

Employment income:	\$ _____ per month	Notes or other sources of income below _____ _____ _____ _____ _____ _____ _____ _____
Social security income:	\$ _____ per month	
Employer pension:	\$ _____ per month	
Interest & dividend income:	\$ _____ per month	
Annuity income:	\$ _____ per month	
Life insurance benefits:	\$ _____ per month	
Support from family:	\$ _____ per month	
Rental income:	\$ _____ per month	
Other:	\$ _____ per month	
Total monthly income:	\$ _____	

Is there any additional information we should be aware of when reviewing your financial resources?

ASSETS

Please list your assets, including Bank Accounts, Savings Accounts, Life Insurance (cash value), Stocks & Bonds, Home, Real Estate and other major assets. Please attach additional information, if necessary.

Type/description	Account number <i>optional</i>	Institution	\$ Amount/value
_____	_____	_____	_____
_____	_____	_____	_____

STOCKS/BONDS/MUTUAL FUND ACCOUNTS

Stock/mutual fund	Number of shares <i>optional</i>	Date acquired <i>optional</i>	Current price/NAV or value
_____	_____	_____	_____
_____	_____	_____	_____

REAL ESTATE/PROPERTY/OTHER ASSETS

(Please attach additional sheets as necessary)

Type/description	Owners	Date acquired	Current market value
_____	_____	_____	_____

Liabilities:	Account/type	Name of lender	Amount owed
Home mortgage	_____	_____	_____
Other	_____	_____	_____
Total liabilities \$			_____

Who will be responsible for payment of your bills? Self Other person

Name and address of "other person":

Name _____ Phone _____

Address _____ City/State/Zip _____

Relationship (e.g. Power of Attorney, Conservatorship): _____

Have you designated someone with Financial Power of Attorney to manage your affairs? Yes No

If yes, please describe type of power given (i.e., financial, durable, medical, springing, general, limited, conservator, guardian) and list name, address, and phone number of person who holds such power. Please furnish a complete copy of the authorizing document, as well as any trust documents, wills and codicils which may pertain to these Powers.

Type of Power of Attorney _____

Held by: Name _____ Phone _____

Address _____ City/State/Zip _____

Relationship _____

SIGNATURE

I certify that information given in this Financial Information form is true. I understand that false statements, misrepresentations or omissions may result in the cancellation of my application or my Residency Agreement. I authorize Heritage Assisted Living to conduct a review of my financial status and obtain any information necessary to verify my ability to pay for my residency, including credit reports, etc. I further agree to give any other written comments required to confirm such information and to cooperate with Heritage Assisted Living Communities in providing information. I understand that it will be necessary to update this form if there are any material changes in my finances.

Signature of Applicant

Date of application

If this form is being completed by someone other than the applicant for residency: Please print name of person completing information, relationship to applicant, and sign on the line below. Attach a copy of Power of Attorney or other documentation authorizing a person to act on the applicant's behalf.

Name

Relationship

Signature of Applicant

Date of application