



CONFIDENTIAL FINANCIAL STATEMENT
CEDAR CREST, INC.

For purposes of applying for admission to Cedar Crest, I am providing the following complete and accurate description of my financial condition.

Applicant: _____ Male Female Date of Birth: _____
 Co-Applicant: _____ Male Female Date of Birth: _____
 Address: _____ Phone: _____
 City/State/Zip: _____
 Contact Person: _____ Relationship: _____
 Address: _____ Home Phone: () _____
 Work Phone: () _____ Cell Phone: () _____

Is the Applicant married? Yes No If married, the total income and assets of both spouses must be listed.

Do you have long-term care insurance? Yes No Name of Insurance Co.: _____
 Primary Insurance: _____ Secondary Insurance: _____

Monthly Income	Applicant (per month)	Co-Applicant/Spouse (per month)
Social Security		
Veterans Benefits		
SSI (supplement security income)		
Alimony		
Unemployment Compensation		
Pension		
Retirement Plans		
Disability Plans		
Income from Stocks and Bonds		
Rental Income Paid to You		
Annuities		
Trust Fund		
Interest Income from Savings		
Other: Description _____ _____		
Total Monthly Income		

Assets	Mark If Applicable ¹	Who owns (resident, community, spouse, joint). If joint, identify co-owner. (Please use additional pages as necessary.)	Amount
Life Insurance Cash Value Company Name _____ Date Issued _____			
Checking Account/Name of Bank _____ Interest Bearing Yes/No			
Savings Account/Name of Bank _____			
Annuities			
Cash on Hand			
Stocks: Description _____			
Bonds: Description _____			
Certificates of Deposit			
Money Owed to You			
Real Estate Owned: Description _____			
Land Contract			
Farm Equipment			
Livestock			
Vehicles			
Other: Description _____			

¹ All boxes should be completed. If a box is inapplicable, N/A should be inserted in the box.

Liabilities	Mark If Applicable ²	Amount
Taxes		
Medical Bills		
Loans: Description: _____		
Health Insurance Costs		
Other: Description _____		

Assets Sold or Given Away Within the Last 5 Years:

Description of What Sold or Given Away: _____
 By Whom: _____
 To Whom: _____
 Date of Gift or Sale: _____
 Total Market Value: _____
 Amount Received: _____

Durable Power of Attorney for Finances: Yes ___ No ___ Name of Agent: _____

Acknowledgment

By signing this form, I represent and warrant that the above information is true and correct and accurately reflects my financial condition and the funds that are available to pay for my care. I understand that Cedar Crest will be relying on the information provided herein and may terminate any and all agreements with me, if I provide false or misleading information. I further give Cedar Crest permission to verify the information provided herein. I also understand that I may be required to provide updated financial information and agree to do so upon request. I believe I have adequate resources to meet my financial responsibilities, including those that will attach if I am accepted into Cedar Crest.

 Signature of Prospective Resident

 Date

If prospective resident is unable to sign, complete the following:

Name of Personal Representative: _____
 Authority to Act: _____
 Address: _____
 Home Telephone Number: _____
 Work Telephone Number: _____

 Signature of Personal Representative

 Date

FOR FACILITY USE ONLY:

Received on _____
 by _____.

² All boxes should be completed. If a box is inapplicable, N/A should be inserted in the box.