



**CONFIDENTIAL FINANCIAL STATEMENT  
CEDAR CREST, INC.**

Application for: Cottage  Apartment  Assisted Living  Memory Care  Skilled Nursing   
 Preferred Occupancy Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Male  Female  Date of Birth: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Male  Female  Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status: Married  Single  The total income and assets of both spouses must be listed.

Long-term care insurance? Yes  No  Name of Insurance Co.: \_\_\_\_\_

Health Insurance, Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Monthly Income	Applicant	Co-Applicant
Social Security		
Pension, Annuity, Other		
Investment Income (interest, dividends, rental)		
Other Income (employment, support, etc.)		
<b>Total Monthly Income</b>		

Assets (provide current market value)	Applicant	Co-Applicant
Cash & Bank Accounts (checking, savings, CDs)		
Investments (stocks, bonds, mutual funds, etc.)		
Annuities		
Life Insurance (cash value)		
Real Estate (list address)		
Home:		
Other:		
Vehicles & Personal Property		
Other:		
<b>Total Assets</b>		

Have any assets listed above been placed in an irrevocable trust? Yes  No

