

TLC Adult Family Home

Confidential Financial Information

This information will be used to assure all parties concerned that the prospective resident is in a position to meet the financial obligation for residency at TLC Adult Family Home. If appropriate please use additional sheet for any additional information to support your eligibility. Please be assured this information will be treated as confidential.

What Do You Own? (Assets)

Cash (Checking, Savings, Money Markets, CD's)	Amount	\$ _____
Bank _____	Phone _____	Acct. No. _____
Securities (Stocks, Bonds, Mutual Funds etc.)	Value	\$ _____
Home	Value	\$ _____
Other Real Estate	Value	\$ _____
Other Major Holdings	Value	\$ _____
<i>Total Owned</i>	Value	\$ _____

What Do You Owe? (Liabilities)

Home Mortgage	(Lender _____.)	Amount	\$ _____
Equity Loan	(Lender _____.)		\$ _____
Auto Loan	(Lender _____.)		\$ _____
Loans on Securities	(Lender _____.)		\$ _____
Credit Cards			\$ _____
Other			\$ _____
<i>Total Owed</i>			\$ _____

Monthly Income Sources

Social Security	\$ _____
Pension	\$ _____
Annuities	\$ _____
Investments	\$ _____
Credit Cards	\$ _____
Other (Describe _____)	\$ _____
<i>Total Monthly Income</i>	\$ _____

The financial information provided is factual to the best of my knowledge. I hereby authorize TLC Adult Family Home to verify this information and obtain a credit report if necessary.

Signature _____ Date _____

Print Name _____ S.S.N. _____