

# BETHANY+VILLAGE

## THE ART OF LIVING

### Financial Questionnaire Sunflower Terrace by Bethany Village

P: 785-227-8331 F: 785-227-8332

All Information provided will be held confidential

#### Regular Monthly Income

|                             | First Person | Second Person |
|-----------------------------|--------------|---------------|
| Social Security             | \$           | \$            |
| Pension                     | \$           | \$            |
| Dividends                   | \$           | \$            |
| Interest                    | \$           | \$            |
| Mortgage/Rental Income      | \$           | \$            |
| IRA Income                  | \$           | \$            |
| Trust Income                | \$           | \$            |
| Long Term Care Insurance    | \$           | \$            |
| Other Income                | \$           | \$            |
| <b>Total Monthly Income</b> | \$           | \$            |

#### Capital Assets

|                           | First Person | Second Person |
|---------------------------|--------------|---------------|
| Cash (Savings & Checking) | \$           | \$            |
| CD's, Money Market, etc   | \$           | \$            |
| Stocks and Bonds          | \$           | \$            |
| IRA's, Annuities, etc     | \$           | \$            |
| House                     | \$           | \$            |
| Other Real Estate         | \$           | \$            |
| Trust Fund                | \$           | \$            |
| Life Insurance            | \$           | \$            |
| Other Assets              | \$           | \$            |
| <b>Total Assets</b>       | \$           | \$            |

I hereby declare that all statements made herein are true according to my best knowledge and belief. In witness whereof, I have set my hand to this application this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Resident's Name (Print)

\_\_\_\_\_  
Signature of 1st Person or DPOA

\_\_\_\_\_  
Signature of 2nd Person or DPOA

*Please return the completed form to Skylar Hanson, Operator, Sunflower Terrace,  
821 E. Swensson, Lindsborg, KS 67456. For questions or more information call 785-227-8331.*

**THE COTTAGES**  
321 N. Chestnut

**SUNFLOWER TERRACE**  
821 E. Swensson

**BETHANY HOME**  
321 N. Chestnut