

Bethany Home Pre-Admission Financial Questionnaire

All Information provided will be held confidential

Regular Monthly Income:

	1 st Person	2 nd Person
Social Security	\$	\$
Pension	\$	\$
Dividends	\$	\$
Interest	\$	\$
Mortgage/Rental Income	\$	\$
IRA Income	\$	\$
Trust Income	\$	\$
Long Term Care Insurance	\$	\$
Other Income	\$	\$
Total Monthly Income	\$	\$

Capital Assets:

	1 st Person	2 nd Person
Cash (Savings & Checking)	\$	\$
CD's, Money Market, etc	\$	\$
Stocks and Bonds	\$	\$
IRA's, Annuities, etc	\$	\$
House	\$	\$
Other Real Estate	\$	\$
Trust Fund	\$	\$
Life Insurance	\$	\$
Pre-Paid Funeral Plan	\$	\$
Vehicle(s)	\$	\$
Total Assets	\$	\$

Are you a veteran or the spouse of a veteran? _____

5 Year Look Back

If an individual gives away money or property during the five-year look-back, it triggers a penalty period during which he or she is ineligible for government aid.

Have you given away any money or property during the past 5 years? Yes____ No____

Please provide the following documents:

Copy of Most Recent Tax Return (Pages 1 & 2 of Form 1040)

If you have Long Term Care Insurance - Copy of Policy Schedule/Outline of Benefits

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Cost of Health Insurance Premium

Current- Medicare deducted from social security benefits	\$ _____
Current - Health Insurance premiums	\$ _____
Current - Prescription insurance premiums (Part D)	\$ _____

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I hereby declare that all statements made herein are true according to my best knowledge and belief. Dated this _____ day of _____ 20__.

Resident's Name (Print)

Signature of 1st Person or DPOA

Signature of 2nd Person or DPOA

Please return completed form to the Accounting Office