



**FINANCIAL INFORMATION**

Please complete the following financial information to assist Springhouse with the application process. All information will remain confidential, and will be verified. Please return the completed statement to: Springhouse, Community Relations Office, 44 Allandale Street, Boston, MA 02130.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

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

**Income Sources**

*Monthly Income Amount*

Social Security: \$ \_\_\_\_\_

Pensions (*list*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annuities (*list*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interest (*provide detail*): \_\_\_\_\_

\_\_\_\_\_

Dividends (*provide detail*): \_\_\_\_\_

\_\_\_\_\_

Life Insurance (cash benefit): \_\_\_\_\_

Rental Income: \_\_\_\_\_

Other Income: \_\_\_\_\_

(*provide detail*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_

*Please include copies of summary page from last two years tax return, bank statements and investment summary statements.*

**ASSETS**

Please list your current assets, including bank accounts, savings accounts, life insurance, brokerage accounts, stocks and bonds, etc.:

<i>Type</i>	<i>Bank Name/Institution</i>	<i>Amount</i>
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____

**STOCKS/BONDS/MUTUAL FUND ACCOUNT**

Stock/Mutual Fund	Number of Shares	Date acquired	Current price/value
_____	_____	_____	_____
_____	_____	_____	_____

**REAL ESTATE/PROPERTY/OTHER ASSETS**

Type/description	Owners	Date acquired	Current market value
_____	_____	_____	_____
_____	_____	_____	_____

*Please remember to attach documents to verify each of the items above.*

<b>Liabilities:</b>	<b>Account/type</b>	<b>Name of lender</b>	<b>Amount Owed</b>
<i>Home Mortgage:</i>	_____	_____	_____
Other:	_____	_____	_____
<b>Total Liabilities:</b>			<b>\$ _____</b>

Who will be responsible for payment of your bills?  Self     Other Person \_\_\_\_\_  
 Name of "Other Person": \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address of "Other Person": \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Relationship (e.g. Power of Attorney) \_\_\_\_\_

**Have you designated someone with Financial Power of Attorney to manage your affairs?  Yes  No**  
**If yes, please describe the power given (ie: financial,, durable, health, limited, conservator, guardian) and list names, addresses and phone number of person who hold such power. Please furnish complete copy of documents as well as any trust documents, wills and codicils which may pertain to these powers.**

**Type of Power of Attorney:** \_\_\_\_\_  
**Held by: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

I certify that the information given in this Financial Information form is true. I understand that false statements, misrepresentations or omissions may result in the cancellation of my application or my Residency Agreement. I authorize Springhouse Senior Living to conduct a review of my financial status and obtain any information necessary to verify my ability to pay for my residency, including credit reports, etc. I further agree to give any written comments required to confirm such information and to cooperate with Springhouse in providing information. I understand that it will be necessary to update this form if there are any material changes in my finances.

\_\_\_\_\_  
Signature of Applicant Date of Application

If this form is being completed by someone other than the applicant for residency, please print name of person completing information, relationship to applicant, and sign on the line below. Attach a Power of Attorney or other documentation authorizing a person to act on the applicant's behalf.

\_\_\_\_\_  
Name Relationship  
\_\_\_\_\_  
Signature of Applicant Date of application