

**◆ FINANCIAL INFORMATION ◆**

Please complete the following financial information to assist **Heritage at Framingham** in the application process. Documentation such as form 1040, Bank Statements, Trusts and Powers Of Attorney may be required.

Applicant(s) Name(s): (Last)\_\_\_\_\_ (MI)\_\_\_\_\_ (First)\_\_\_\_\_

(Last)\_\_\_\_\_ (MI)\_\_\_\_\_ (First)\_\_\_\_\_

Address:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_

Phone: ( )\_\_\_\_\_ Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Social Security #:\_\_\_\_\_

If applying with Spouse, are all assets held jointly? Yes\_\_\_\_\_ No\_\_\_\_\_ (If no, complete separate forms).

**INCOME SOURCES:**

The following worksheet is necessary to determine if your financial resources are adequate to cover the monthly living costs in a Heritage Assisted Living Community (this information is kept confidential).

Employment Income: \$\_\_\_\_\_ per month

Social Security Income: \$\_\_\_\_\_ per month

Employer Pension: \$\_\_\_\_\_ per month

Interest & Dividend Income: \$\_\_\_\_\_ per month

Annuity Income: \$\_\_\_\_\_ per month

Life Insurance Benefits: \$\_\_\_\_\_ per month

Support from Family: \$\_\_\_\_\_ per month

Rental Income: \$\_\_\_\_\_ per month

Other: \$\_\_\_\_\_ per month

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

Is there any additional information we should be aware of when reviewing your financial resources? \_\_\_\_\_

**ASSETS:**

Please list your assets, including Bank Accounts, Savings Accounts, Life Insurance (cash value), Stocks & Bonds, Home, Real Estate and other major assets. Please attach additional information, if necessary.

Type/Description	Account No.	Institution	\$ Amount/Value
_____	_____	_____	_____
_____	_____	_____	_____

**STOCKS/BONDS/MUTUAL FUND ACCOUNTS:**

Stock/Mutual Fund	Number of Shares	Date Acquired	Current Price/NAV
_____	_____	_____	_____
_____	_____	_____	_____

Heritage at Framingham  
747 Water Street, Framingham, MA 01701  
(508) 788-6050

**Financial Information Continued**

**REAL ESTATE/PROPERTY/OTHER ASSETS: (Please attach additional sheets as necessary)**

<b>Type/Description</b>	<b>Owners</b>	<b>Date Acquired</b>	<b>Current Market Value</b>
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\_\_\_\_\_

<b>LIABILITIES:</b>	<b>Account/Type</b>	<b>Name of Lender</b>	<b>Amount Owed</b>
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Home Mortgage \_\_\_\_\_

Other \_\_\_\_\_

**Total Liabilities**      \$ \_\_\_\_\_

Who will be responsible for payment of your bills?      Self \_\_\_\_\_      Other Person \_\_\_\_\_

Name and address of "other person": Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship (e.g. Power of Attorney, Conservatorship): \_\_\_\_\_

Have you designated someone with Financial Power of Attorney to manage your affairs?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe type of power given (i.e., financial, durable, medical, springing, general, limited, conservator, guardian) and list name, address, and phone number of person who holds such power. Please furnish a complete copy of the authorizing document, as well as any trust documents, wills and codicils which may pertain to these Powers.

**Type of Power of Attorney** \_\_\_\_\_

Held by: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I certify that the information I have given in this Financial Information form is true and correct. I understand that any false statements or misrepresentations or omissions may result in the cancellation of my application or nullification of my Residency Agreement. I authorize Heritage Assisted Living Communities 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 other written comments required to confirm such information and to cooperate with Heritage Assisted Living Communities in providing information. I understand that it will be necessary to update this form if there are any material changes in my finances.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*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 copy of Power of Attorney or other documentation authorizing a person to act on the applicant's behalf.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date