

**◆ 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:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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)**

Type/Description	Owners	Date Acquired	Current Market Value
_____	_____	_____	_____

LIABILITIES:	Account/Type	Name of Lender	Amount Owed
Home Mortgage	_____	_____	_____
Other	_____	_____	_____
<b>Total Liabilities</b>			<b>\$ _____</b>

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