

**Generations Senior Living of Strongsville  
Confidential Financial Application**

This form is to assist in determining your ability to meet the financial requirements of this community. This information will be held in strict confidence.

**Copies of your most recent statements for all items listed below are required prior to move in!**

Resident's Name: \_\_\_\_\_

Elder Law Attorney (Company/Name/ Phone): \_\_\_\_\_

\_\_\_\_\_

VA/Aid and Attendance Benefit:      Are you a Veteran? (Circle One)      YES      NO

Dates of Service: \_\_\_\_\_

**Net Worth, Assets and Liabilities (Amount Received Per Month)**

Cash/Savings/Checking: \_\_\_\_\_

Social Security Monthly Income: \_\_\_\_\_

Pension/Annuity: \_\_\_\_\_

Stocks, Bonds, and Investments: \_\_\_\_\_

Interest/Dividends: \_\_\_\_\_

Real Estate Owned/ Estimated Market Value: \_\_\_\_\_

Other Assets/ Income: \_\_\_\_\_

Is there an expiration to any of the above? \_\_\_\_\_

Monthly Liabilities: \_\_\_\_\_

\_\_\_\_\_

I hereby affirm that the foregoing is true to the best of my knowledge.

\_\_\_\_\_  
Resident or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Representative

\_\_\_\_\_  
Date