

**Generations Senior Living of Berea
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