

# Confidential Financial Statement



KINGSWAY RETIREMENT LIVING  
A MINISTRY OF THE LUTHERAN  
HOME ASSOCIATION

For purposes of applying for admission to Kingsway Retirement Living, I am providing the following complete and accurate description of financial condition.

**INCOME:** Please identify your monthly income. If you are married, please include the income of your spouse. If you receive a type of income that is not listed, please use the "other" category to identify this income. Unless expressly noted, your represent that all income is available to pay for your care and/pr services. All boxes should be completed. If a source of income is not applicable, mark "N/A" in the box. Please use additional pages as necessary.

Monthly Income	Applicant (per month)	Spouse (per month)
Social Security	\$	\$
Veterans Benefits	\$	\$
SSI (Supplemental Security Income)	\$	\$
Alimony	\$	\$
Unemployment Compensation	\$	\$
Pension	\$	\$
Retirement Plans	\$	\$
Disability Plans	\$	\$
Income from stocks and bonds	\$	\$
Rental income paid to you	\$	\$
Annuities	\$	\$
Trust fund	\$	\$
Interest income from savings	\$	\$
Other: Description _____ _____	\$	\$
<b>Total Monthly Income</b>	<b>\$</b>	<b>\$</b>

**ASSETS:** Please list your current assets. If an asset is owned by a trust, indicate the name and type of trust. If an asset is jointly owned, identify the other owners and your percentage of ownership. Unless expressly noted, your present that the listed assets are available to pay for your care and/or services. All boxes should be completed. If an asset type is not applicable, mark "N/A" in the box. Please use additional pages as necessary.

Assets	Mark if applicable	Who owns (applicant, spouse, jointly, trust) If jointly, identity co-owner. If trust, identify name of trust.	Amount
Checking Account/Name of Bank _____ Interest Bearing YES/NO			\$
Saving Account/Name of Bank _____			\$
Cash on Hand			\$
Stocks: Description _____ _____			\$
Bonds: Description _____ _____			\$
Certificate of Deposit			\$
Money owed to you			\$
Real estate owned: Description _____			\$
Land Contract			\$
Farm Equipment			\$
Livestock			\$
Vehicles			\$
Other: Description _____ _____			\$

**TRANSFER OF ASSETS.** Please identify any assets or other financial resources worth over \$5,000 that you have given away or sold for less than fair market value within the last five years. Please use additional pages as necessary.

Description of what was sold or given away: \_\_\_\_\_

By whom: \_\_\_\_\_

To whom: \_\_\_\_\_

Date of gift or sale: \_\_\_\_\_

Total market value: \_\_\_\_\_

Amount received: \_\_\_\_\_

**LIABILITIES.** Indicate any significant liabilities that you owe. All boxes should be completed. If a liability is not applicable, mark “N/A” in the box. If a liability type is not listed, please use the “other” category to identify those liabilities. Please use additional pages as necessary.

Liabilities	Mark If Applicable	Amount
Credit Cards		\$
Taxes		\$
Medical Bills		\$
Loans: Description _____		\$
_____		
Health Insurance Costs		\$
Other: Description _____		\$
_____		

**LIFE INSURANCE**

Do you have life insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide the following.

Cash Value: \_\_\_\_\_

Face Value: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**OTHER**

Are you enrolled in Medicaid, Family Care, Partnership or other state funded programs? Describe:

\_\_\_\_\_

\_\_\_\_\_

## ACKNOWLEDGEMENT

By signing this form, I represent and warrant that the above information is true and correct and accurately reflects my financial condition and the resources that are available to pay for my care and/or services. I understand that Kingsway Retirement Living will be relying on the information provided herein and may terminate any and all agreements with me, if I provide false or misleading information. I further give Kingsway Retirement Living permission to verify the information provided herein. I also understand that I may be required to provide supporting documentation regarding the financial data I have provided and provide updated financial information and agree to do so upon request. I believe I have adequate resources to meet my financial responsibilities, including those that will attach if I am accepted to Kingsway Retirement Living.

\_\_\_\_\_  
Signature of Prospective Resident

\_\_\_\_\_  
Date

If prospective resident is unable to sign, complete the following:

Name of Personal Representative: \_\_\_\_\_

Authority to Act: \_\_\_\_\_

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

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Date

FOR FACILITY USE ONLY:

Received on \_\_\_\_\_

by \_\_\_\_\_.

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