

Part II- Financial Information

In addition to completing the attached financial application, we need you to submit the following statements with the application:

- Copy of Insurance Cards Front & Back
- Copy of Power of Attorney-Health and Financial
- Checking Accounts (last 3 months)
- Savings Accounts (last 3 months)
- Stocks (most recent)
- Bonds (most recent)
- CDs (most recent)
- Annuities (most recent)
- Pensions (most recent)
- Real Estate/Property Values (appraisal if available or real estate listing)
- Cash Value of Life Insurance (most recent)
- One year of tax returns
- Social Security Award Letter (Letter that is sent annually that indicates the amount of social security one will receive for the year. Bank statements that reflect this information cannot be used in place of this letter.)

All information disclosed to Caritas House Assisted Living will be kept confidential.

LONG TERM CARE INSURANCE

Do you have a long term care insurance policy? _____YES _____NO

If yes, does the plan cover: (please check all that apply)

_____ Nursing Home _____ Home Health Care _____ Assisted Living _____ Other

Name of the Insurance Company: _____

Policy Limits: (daily coverage totals for each type)

\$ _____ Nurse Home \$ _____ Home Health Care

\$ _____ Assisted Living \$ _____ Other

If you have a long term care insurance policy, please include a copy of it with this application.

All applications must be returned with photocopies of the past three months' statements of Checking Accounts, Saving Accounts, Stocks, Bonds, CD's, Annuities, Checks, Pensions, Estimated Value of Real Estate Properties, Cash Value of Life Insurance Policies, one year of tax returns, and Social Security Award letter.

If the applicant is accepted to Caritas House Assisted Living, an annual financial update letter will be required.

I hereby declare that the above identified sources in income, assets, and medical expenses are accurate and represent ALL my source of income to date. If any significant changes to the above are made the applicant will notify Caritas House Assisted Living administration.

Name of Applicant

Signature of Applicant

Name of Person Completing Application

Date

Please return this form and photocopies of statements to:
Caritas House Assisted Living
3308 Benson Avenue
Baltimore, MD 21227