

Long Term Care Insurance _____

Address _____

Group# _____ Group Name _____

Policy # _____

Bank Accounts

Bank Name _____ Checking Balance \$ _____ Savings \$ _____

Name(s) on accounts _____

Authorized Signatures on account _____

Bank Name _____ Checking Balance \$ _____ Savings \$ _____

Name(s) on accounts _____

Authorized Signatures on account _____

Bank Name _____ Checking Balance \$ _____ Savings \$ _____

Name(s) on accounts _____

Authorized Signatures on account _____

Assets

Real Estate

Location of property _____

Titleholder _____

Location of property _____

Titleholder _____ Rental Income _____

Investments

Stocks _____ Value _____

Bonds _____ Value _____

Other _____ Value _____

Life Insurance _____ Cash Value _____

Other Assets _____ Value _____

Prepaid Burial Fund Y ___ N ___ Agency _____

Income-Per Month

Social Security _____ Pension _____

Veterans Benefits _____ Retirement Funds _____

Other _____

Has there been any transfer of assets (ex real estate, cash, trust, within the last 5 years?)
Y ___ N ___ If yes, please explain. _____

Person Managing Applicant's Funds

Name _____ Relationship _____

Address _____
Street Apt # City State Zip Code

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

Power of Attorney Y ___ N ___ Name _____
(Please provide a copy of the Power of Attorney document)

Name _____ Relationship _____

Address _____
Street Apt # City State Zip Code

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

According to the best of my knowledge and belief, the above information is accurate and true in all respects. I hereby grant the authorization to obtain a standard factual data credit report through a credit-reporting agency.

Date Signature of Applicant

Date Signature of Designated Representative

Please add additional pages if necessary. Number of pages added _____.

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Executor of Estate

Name _____ Relationship _____

Address _____
Street Apt # City State Zip Code

Home Phone (____) ____ - ____ Work Phone (____) ____ - ____

Attorney Name _____ Phone _____

Address _____
Street City State Zip Code

Outstanding Debts

Please list _____ Value _____

Please list _____ Value _____

Current Value _____ Mortgage holder _____ Balance owed _____

Previous Occupation _____ Veteran Affairs Benefits Y ___ N ___

Funeral Home & Phone # _____

Person(s) to Notify in Time of Emergency

Name _____ Relationship _____

Address _____
Street # Apt # City State Zip

Home Phone # (____) ____ - ____ Work Phone # (____) ____ - ____

Name _____ Relationship _____

Address _____
Street # Apt # City State Zip

Home Phone # (____) ____ - ____ Work Phone # (____) ____ - ____

Name _____ Relationship _____

Address _____
Street # Apt # City State Zip

Home Phone # (____) ____ - ____ Work Phone # (____) ____ - ____