



CONFIDENTIAL AND REQUIRED
RESIDENT FINANCIAL DISCLOSURE
FOR

Name of Applicant(s)

Date(s) of Birth

FINANCIAL REPORT

NAME

ASSETS	ADDITIONAL INFORMATION (Please do not include account numbers)	VALUES
REAL ESTATE	Jointly owned YES/NO	
REAL ESTATE		
CHECKING (PRIMARY)	INSTITUTION	
CHECKING (SECONDARY)	INSTITUTION	
SAVINGS	INSTITUTION	
SAVINGS	INSTITUTION	
CD	INSTITUTION	
CD	INSTITUTION	
CD	INSTITUTION	
CD	INSTITUTION	
LONG TERM CARE INSURANCE	TOTAL VALUE OF POLICY	
STOCKS		
STOCKS		
STOCKS		
BONDS		
ANNUITY		
OTHER ASSETS	DESCRIPTION	
TOTAL		
LIFE INSURANCE	BENEFICIARY	
LIFE INSURANCE	BENEFICIARY	

NAME _____

INCOME	MONTHLY
SOCIAL SECURITY (first person)	
SOCIAL SECURITY (second person)	
PENSION (first person)	
PENSION (second person)	
INTEREST	
DIVIDENDS	
OTHER	
TOTAL	

LIABILITIES	TOTAL
LOAN	
MORTGAGES	
CREDIT CARD DEBT	
TAXES	
OTHER	
TOTAL	
GIFTS GIVEN IN LAST 3 YEARS	
OTHER	

ARE YOU/YOUR SPOUSE A VETERAN? YES NO
 DO YOU HAVE A PRENUPTIAL AGREEMENT? YES NO
 DO YOU HAVE AN IRREVOCABLE BURIAL TRUST? YES NO

Is anyone other than you responsible for your financial information.
 If yes, who? Name _____ Phone # _____

Address _____

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE _____ RESIDENT/REPRESENTATIVE _____