

CONFIDENTIAL FINANCIAL STATEMENT

Representations and Acknowledgment:

I/We represent that:

All information provided in this Financial Statement is true and accurate to the best of my/our knowledge and belief;

The financial resources in this Financial Statement will be primarily used to pay for my/our living expenses and care, specifically including that provided by Saint Luke's Bishop Spencer Place, and that I/we will make no gift or other transfer of said financial resources for less than fair and adequate consideration if such gift or transfer would diminish or impair my/our ability to fulfill my/our financial obligations under my/our Residency Agreement; and

Non-liquid assets such as a Home will be sold as soon as feasible and the proceeds will be used to pay for such living expenses and care.

I/We acknowledge that Bishop Spencer Place is relying on the truth and accuracy of this Financial Statement and the representations made above in its acceptance of me/us as residents of Bishop Spencer Place, and that should there be any material misrepresentation in such Financial Statement, or should any other representation not be or remain true and correct in any material respect, in addition to any other remedies available to Bishop Spencer Place, my/our Residency Agreement may be terminated and/or I/we may be ineligible for or be excluded from Bishop Spencer Place's benevolent care program.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

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BACKGROUND INFORMATION	APPLICANT	SPOUSE
1. Name		
2. Street address		
3. City, state, ZIP code		
4. Birthday (MM/DD/YYYY)		
5. Gender		
6. Desired apartment		
7. Entry fee option type		
8. Entry fee		
9. Monthly fee		

FINANCIAL INFORMATION	APPLICANT	SPOUSE	NOTES
MONTHLY INCOME (attach supporting statement for each line)			
10. Social Security			
11. Pension			
12. Pension for surviving spouse, if any			
13. Annuity amount			
14. Annuity inflation factor, if applicable			
15. Is this a lifetime annuity? (if not, describe the terms)			
16. Long-term care insurance, if applicable			
17. Long-term care inflation factor, if applicable			
18. Long-term care maximum lifetime benefit			
19. Other (describe)			
20. TOTAL Monthly Income (lines 10-19)			

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MONTHLY EXPENSES			
21. Medical and prescriptions			
22. Medical insurance (excluding amounts already deducted from line 10)			
23. Long-term care premiums			
24. Other (describe)			
25. TOTAL Monthly Expenses (lines 21-24)			
CAPITAL ASSETS (attach supporting statement for each line)			
26. Home			
27. Savings/checking			
28. Investments, excluding tax-deferred			
29. Tax-deferred investments (traditional IRA, 401(k), etc.)			
30. Other (describe)			
31. TOTAL Capital Assets (lines 26-30)			
LIABILITIES (attach supporting statement for each line)			
32. Mortgage/home-equity loans			
33. Other debt (credit card, auto, etc.)			
34. Other (describe)			
35. TOTAL Liabilities (lines 32-34)			