

## 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 primarily will be 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.

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APPLICANT SIGNATURE

DATE

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SPOUSE SIGNATURE

DATE

# CONFIDENTIAL DATA APPLICATION

Congratulations on your decision to consider a residence at Saint Luke's Bishop Spencer Place. We look forward to you joining our community. As part of the residency process, we ask all residents to complete this confidential data application, which will be submitted as part of the approval process for residency.

Please complete this application in full and provide copies of the following documents as verification.

1. Copies of your past 2 to 3 months of recent bank statements
2. Copies of your past 2 to 3 months of recent brokerage and investment statements
3. Copies of your past 2 to 3 months of statements of income listed on page 5
  - A. Pension statement of benefit from pension provider to include survivor benefit
  - B. Annuity contracts with balance
  - C. Rental income or any other income reported
4. Copy of real estate listing, if property is currently listed for sale
5. Copies of life insurance values
6. Copies of the general terms of long-term care insurance and current detailed page of long-term care insurance policy

Please be assured your financial information will be held in the strictest confidence and will only be used as verification of your ability to meet the continual monthly obligations under the residency agreement.

DATE	APARTMENT #	ENTRY FEE PLAN
RESIDENT 1		DATE OF BIRTH
RESIDENT 1 SSN		MARITAL STATUS
ADDRESS		CITY
STATE	ZIP	YEARS AT RESIDENCE
PHONE		EMAIL
HEALTH INSURANCE/MEDICARE #		SUPPLEMENTAL

CONFIDENTIAL DATA APPLICATION

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RESIDENT 2 DATE OF BIRTH

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RESIDENT 2 SSN MARITAL STATUS

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ADDRESS CITY

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STATE ZIP YEARS AT RESIDENCE

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PHONE EMAIL

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HEALTH INSURANCE/MEDICARE # SUPPLEMENTAL

CONFIDENTIAL DATA APPLICATION

<b>ASSETS</b>				
	<b>Resident 1</b>	<b>Resident 2</b>	<b>How is the asset owned?</b> (Individually, In Trust, As Joint Tenants, As Tenants by the Entirety, As Tenants in Common, In Trust)	<b>If jointly owned,</b> please designate the portion
<b>Residence value</b>	\$	\$		
<b>Stocks</b>	\$	\$		
<b>Bonds</b>	\$	\$		
<b>Mutual funds</b>	\$	\$		
<b>CDs</b>	\$	\$		
<b>Savings</b>	\$	\$		
<b>Other _____</b>	\$	\$		
<b>Annuity</b> (variable annuity with value that is drawn down on)				
<b>Additional real estate value</b> (if not being used for rental income)	\$	\$		
<b>TOTAL</b>	\$	\$		

<b>LIABILITIES</b>			
	<b>Resident 1</b>	<b>Resident 2</b>	<b>Interest rate</b>
<b>Mortgage*</b> <i>Write N/A if this doesn't apply</i>	LOAN BALANCE \$	LOAN BALANCE \$	
<b>Car loan*</b> <i>Write N/A if this doesn't apply</i>	\$ /month	\$ /month	
<b>Other</b> <i>Write N/A if this doesn't apply</i>			
<b>TOTAL</b>			

CONFIDENTIAL DATA APPLICATION

<b>INCOME</b>				
	<b>Resident 1</b>	<b>Resident 2</b>	<b>Right of survivorship</b>	<b>Right of survivorship %</b>
<b>Social Security</b>	\$ /month	\$ /month	Yes / No	
<b>Pension</b>	\$ /month	\$ /month	Yes / No	
<b>Annuity</b> (fixed annuity for life)	\$ /month	\$ /month	Yes / No	
<b>Salary</b>	\$	\$		ESTIMATED # OF YEARS
<b>Other</b>	\$	\$		
<b>Rental income</b> (do not include home as asset)	\$	\$		
<b>TOTAL</b>	\$	\$		

<b>LONG TERM CARE INSURANCE</b>			
	<b>Resident 1</b>	<b>Resident 2</b>	<b>Joint</b>
<b>Monthly premium</b>	\$	\$	\$
<b>Premium inflation rate</b>	\$ or %	\$ or %	\$ or %
<b>Benefit period</b> (please circle one and add details)			
<b>Elimination period</b>	Days	Days	Days

<b>COVERAGE</b>				
	<b>Resident 1</b>	<b>Resident 2</b>	<b>Joint</b>	<b>Inflation rate</b>
<b>Assisted living/day</b>	\$	\$	\$	%
<b>Skilled nursing/day</b>	\$	\$	\$	%
<b>Inflation rate</b> (annual)				
<b>Reimbursement type</b>	Expense / indemnity	Expense / indemnity	Expense / indemnity	

