



Future Resident # \_\_\_\_\_  
(FOR OFFICE USE ONLY)

# GARDEN SPOT VILLAGE



A GARDEN SPOT COMMUNITY

## FINANCIAL UPDATE FORM

NAME(S) \_\_\_\_\_ Date(s) of birth \_\_\_\_\_

Primary Address \_\_\_\_\_

		Person 1	Person 2	JOINT	TOTAL
<b>ASSETS</b>	Real Estate Value (Primary Residence)				
	Real Estate Value (Investment/Rental)				
	Mutual Funds				
	Money Market				
	401(K)				
	IRA				
	Bonds				
	CDs				
	Stocks				
	Savings Account				
	Checking Account				
	Other				
<b>Total Assets</b>					

<b>LIABILITIES</b>	Mortgage(s)				
	Credit Card(s)				
	Personal Loans				
	Other				
	<b>Total Liabilities</b>				

<b>MONTHLY INCOME</b>	Social Security				
	Pension(s) from Employer				
	Amount of Pension to surviving Spouse				
	Real Estate Investments/Rentals				
	Other				
	Other				
<b>Total Monthly Income</b>					

**Long Term Care Insurance**

	Value/Amount	<u>Person 1</u>	<u>Person 2</u>
<b>Skilled Nursing</b>			
Amount per day	_____	_____	_____
Length of benefit\	_____	_____	_____
Inflation rider %	_____	_____	_____
<b>Personal Care</b>			
Amount per day	_____	_____	_____
Length of benefit\	_____	_____	_____
Inflation rider %	_____	_____	_____
<b>Home Health Care</b>			
Amount per day	_____	_____	_____
Length of benefit\	_____	_____	_____
Inflation rider %	_____	_____	_____

This form does not obligate Garden spot Village or the Future resident in any manner. By signing this form, I warrant the statements, answers, representations and descriptions to be accurate, inclusive of all financial resources and verifiable. The preceding information is requested by Garden Spot Village and provided by the undersigned with the understanding that the information is confidential for use exclusively by Garden Spot Village.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

