

FINANCIAL WORKSHEET

PROSPECTIVE RESIDENT: _____ DATE: _____

Source of Monthly Income:

Social Security/Disability: _____	\$ _____
Pension: _____	\$ _____
Annuity: _____	\$ _____
Interest/Dividends: _____	\$ _____
Rental Income: _____	\$ _____
Other (Describe): _____	\$ _____
Total Monthly Income	\$ _____

Primary Residence:

Do you rent: ____ Yes ____ No Do you own your own home? ____ Yes ____ No
 If you own your own home, what is the balance due on the mortgage? _____
 Whose name(s) is on the deed? _____ Relationship to you? _____

Capital Assets:

Value of Home, Address: _____	\$ _____
Value of other real estate: _____	\$ _____

Cash Accounts:	Amount	Joint Owned With	Relationship
Checking	\$ _____	_____	_____
Savings	\$ _____	_____	_____
Cert/Bonds/Stocks	\$ _____	_____	_____
Other	\$ _____	_____	_____
Other	\$ _____	_____	_____

Total Capital Assets \$ _____

Will the above state resources be available for payment for the care of this resident?

_____ Yes ____ No

Monthly Expenses

Medical Insurance	\$ _____	Life Insurance	\$ _____
Medications/Prescriptions	\$ _____	Cable TV	\$ _____
Long Term Care Insurance	\$ _____	Telephone	\$ _____
Personal/toiletries	\$ _____	Mortgage	\$ _____
Debt (credit card)	\$ _____	Other _____	\$ _____
Other _____	\$ _____	Total Expenses	\$ _____

I hereby attest that the information on the foregoing Financial Worksheet is true and correct to the best of my knowledge, and understand that any false statements therein shall void my acceptability as a resident of Palmstown Manor.

Completed by: _____ Date: _____

616 W. Main Street :: Palmyra, Pennsylvania 17078