



Elizabeth Gardens 5111 Wright Ave Racine WI 53406

## CONFIDENTIAL FINANCIAL STATEMENT

For purposes of applying for Admission to Elizabeth Gardens, I am providing the following complete and accurate description of my financial conditions.

Applicant: \_\_\_\_\_ Male Female Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the Applicant married? Yes No If married, the total income and assets of both spouses must be listed.

Do you have long-term care insurance? Yes No If yes, Insurance Co. \_\_\_\_\_  
 Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

Monthly Income	Applicant (per month)	Spouse (per month)
Social Security		
Veterans Benefits		
SSI (Supplement Security Income)		
Alimony		
Unemployment		
Compensation		
Pension		
Retirement Plans		
Disability Plans		
Income from Stocks and Bonds		
Rental Income Paid to You		
Annuities		
Trust Fund		
Interest Income from Savings		
Other: (Describe) _____ _____		
Other: (Describe) _____ _____		
Total Monthly Income		

Assets	Mark if Applicable	Who owns (resident, community, spouse, joint) If joint, identify co-owner. (Please use additional pages as necessary.)	Amount
Life Insurance Cash Value _____ Face Value _____ Company Name: _____  Date Issued: _____			
Checking Acct/Name Of Bank: _____ _____ Interest Bearing Yes/No Account # _____			
Savings Acct/Name Of Bank: _____ _____ Account # _____			
Cash on Hand			
Stocks: _____ _____			
Bonds: _____ _____ met			
Certificates of Deposit			
Money Owed to You			
Real Estate Owned: Description: _____ _____			
Land Contract			
Farm Equipment			
Livestock			
Vehicles			
Other: (describe) _____ _____			

Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify Elizabeth Residence immediately and in writing of any change in name, address, or employment and of any adverse material change in any of the information contained in this statement or in the financial condition of any of the undersigned or in the ability of any of the undersigned to perform their obligations to the Elizabeth Residence. In absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned , as the case may be , immediately due and payable.

Elizabeth Residence is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Each of the undersigned authorizes the Elizabeth Residence to request credit reports, from time to time, containing credit and other reference information about the undersigned from third parties, such as credit reporting agencies. The undersigned authorize any person or consumer reporting agency to give the Elizabeth Residence any information it may have on the undersigned. This personal financial statement and any other financial or other information that the undersigned give the Elizabeth Residence shall be the Elizabeth Residence property.

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person signing on behalf of resident  
(POA, legal guardian)

\_\_\_\_\_  
Date