



FINANCIAL DISCLOSURE TO ST. PAUL'S SENIOR HOMES & SERVICES



St. Paul's Senior Homes & Services (St. Paul's) respects the privacy of every applicant and does not desire to intrude into any applicant's personal financial circumstances other than to have assurance that the necessary amounts needed to provide for the applicant's extended lodging, food, health care and personal needs are available to the potential resident.

The applicant and/or responsible party understands that St. Paul's will rely on the financial information regarding the applicant's assets, liabilities, income and expenses in making its determination as to whether the applicant will be admitted to St. Paul's facilities and that St. Paul's would not admit the resident to the facilities but for the accuracy and truthfulness of such information. The applicant and/or responsible party understands that the resident may be discharged by St. Paul's if it discovers that any such information has been misrepresented or omitted by the resident/responsible party, regardless of whether such misrepresentation or omission could have been discovered earlier by St. Paul's.

Financial Statement

Applicant's Full Name _____ Social Security # _____

Income & Expenses:

Monthly Income -

- Social security \$ _____
Pensions \$ _____
Annuities (____ (X) lifetime or ____ years ending _____) \$ _____
Interest income \$ _____
Dividends \$ _____
Rental income \$ _____
Other income (_____) \$ _____
(_____) \$ _____

Monthly Expenses -

- Health insurance \$ _____
Other household & personal expenses \$ _____

Assets -

- Bank - checking \$ _____
savings/CDs \$ _____
Broker - money market funds \$ _____
fixed income securities (bonds, preferred stocks) \$ _____
equities (stocks) \$ _____
Real estate - residence(net of any outstanding loans) \$ _____
other (vacation home/rentals) (net) \$ _____
Other assets - (_____) \$ _____

I DECLARE UNDER PENALTY OF PERJURY that the foregoing financial information is a true statement of facts known by me, and that it is submitted as part of an application for residency at St. Paul's facilities. I also declare that all of the above assets are available to the Applicant to provide for the future needs of the Applicant, and that none of the assets will be transferred to another individual or individuals to avoid liability for those needs.

_____/_____/_____ or _____/_____/_____
Date Applicant for Residency Date Financially Responsible Party