



**CONFIDENTIAL FINANCIAL DISCLOSURE FORM**

*This form is designed to enable you and Lutheran Homes of South Carolina to determine your ability to meet the financial requirements for residency.*

Date of Application: \_\_\_\_\_

Applicant's Name: _____	Date of Birth: _____
Spouse's Name: _____	Date of Birth: _____
Address: _____	Telephone: (Home) _____
City/State/Zip _____	(Mobile) _____

**ASSETS** (Please provide documentation when possible)

	Applicant	Spouse
Checking Account.....	\$ _____	\$ _____
Savings Account.....	\$ _____	\$ _____
Money Market Account.....	\$ _____	\$ _____
Certificates of Deposit.....	\$ _____	\$ _____
Investments (Stocks, Bonds, Etc.).....	\$ _____	\$ _____
Pensions/Annuities (cash value).....	\$ _____	\$ _____
IRAs (cash value) .....	\$ _____	\$ _____
Funds in Trust.....	\$ _____	\$ _____
Life Insurance (cash value).....	\$ _____	\$ _____
Home (current value).....	\$ _____	\$ _____
Other Real Estate.....	\$ _____	\$ _____
Type of Properties owned _____		
Do you have full ownership? _____		
Other Assets.....	\$ _____	\$ _____
Please Explain _____		
_____		
Total Assets: \$ _____ \$ _____		



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**LIABILITIES** (Please provide documentation when possible)

	Applicant	Spouse
Home Mortgage Balance.....	\$ _____	\$ _____
Other Mortgage Balances.....	\$ _____	\$ _____
Vehicle Loan Balance.....	\$ _____	\$ _____
Credit Card Balances (current total of revolving).....	\$ _____	\$ _____
Loan Balances.....	\$ _____	\$ _____
Other Liabilities.....	\$ _____	\$ _____
Please Explain _____		
<b>Total Liabilities</b>	<b>\$ _____</b>	<b>\$ _____</b>

**MONTHLY INCOME** (Please provide documentation when possible)

	Applicant	Spouse
Social Security.....	\$ _____	\$ _____
Pension/Annuity Income.....	\$ _____	\$ _____
Does Pension Provide a Surviving Spouse Benefit? _____		
If yes, What is Percentage? _____%		
IRA Distributions.....	\$ _____	\$ _____
VA Benefits.....	\$ _____	\$ _____
Rental Income.....	\$ _____	\$ _____
Dividend/Interest Income (average monthly).....	\$ _____	\$ _____
Other Income.....	\$ _____	\$ _____
Please Explain _____		
<b>Total Monthly Income:</b>	<b>\$ _____</b>	<b>\$ _____</b>

If necessary, please provide any additional information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**MONTHLY EXPENSES** (Please be as detailed as possible. Annual expenses should be expressed monthly)

	Applicant	Spouse
Home Mortgage (Including Taxes and Insurance).....	\$ _____	\$ _____
Is this a reverse mortgage? _____		
Other Mortgage payments.....	\$ _____	\$ _____
Vehicle loan payments.....	\$ _____	\$ _____
Bank and Loan Installment Payments.....	\$ _____	\$ _____
Utilities (average monthly elec., gas, water, cable, phone)...	\$ _____	\$ _____
Household—Repairs (average).....	\$ _____	\$ _____
Household—Food (average).....	\$ _____	\$ _____
Household—Clothing & Sundries (average).....	\$ _____	\$ _____
Household—Travel/vacation (average).....	\$ _____	\$ _____
Pharmacy.....	\$ _____	\$ _____
Medical.....	\$ _____	\$ _____
Insurance Premiums (medical, long term care, auto, etc)....	\$ _____	\$ _____
Taxes (income, property other than real estate, etc...).....	\$ _____	\$ _____
Other Expenses.....	\$ _____	\$ _____
Please Explain _____		
<b>Total Monthly Expenses:</b>	<b>\$ _____</b>	<b>\$ _____</b>

**THIRD PARTY PAYER INFORMATION** (Medical)

Applicant:  
 Primary Insurance Company: \_\_\_\_\_  
 Policy # \_\_\_\_\_  
 Supplemental Insurance Company: \_\_\_\_\_  
 Policy # \_\_\_\_\_  
 Medicare A # \_\_\_\_\_  
 Medicare B # \_\_\_\_\_  
 Medicare Part D Prescription Information:  
 Company \_\_\_\_\_ Group # \_\_\_\_\_

Spouse:  
 Primary Insurance Company: \_\_\_\_\_  
 Policy # \_\_\_\_\_  
 Supplemental Insurance Company: \_\_\_\_\_  
 Policy # \_\_\_\_\_  
 Medicare A # \_\_\_\_\_  
 Medicare B # \_\_\_\_\_  
 Medicare Part D Prescription Information:  
 Company \_\_\_\_\_ Group # \_\_\_\_\_



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**LONG TERM CARE INSURANCE**

*If applicable, please provide the following information:*

Applicant	Spouse
Company: _____	Company: _____
Policy #: _____	Policy #: _____

Amount Covered Daily:	Amount Covered Daily:
Assisted Living: \$ _____	Assisted Living: \$ _____
Skilled Care: \$ _____	Skilled Care: \$ _____
Home Care: \$ _____	Home Care: \$ _____

Waiting Period:	Waiting Period:
Assisted Living: _____	Assisted Living: _____
Skilled Care: _____	Skilled Care: _____
Home Care: _____	Home Care: _____

Amount Previously Utilized in Each Area:	Amount Previously Utilized in Each Area:
Assisted Living: \$ _____	Assisted Living: \$ _____
Skilled Care: \$ _____	Skilled Care: \$ _____
Home Care: \$ _____	Home Care: \$ _____

Maximum Amount to be Paid:	Maximum Amount to be Paid:
Assisted Living: \$ _____	Assisted Living: \$ _____
Skilled Care: \$ _____	Skilled Care: \$ _____
Home Care: \$ _____	Home Care: \$ _____

*I affirm that this information is substantially complete and correct to the best of my knowledge:*

Signature _____	Signature _____
Date _____	Date _____

*If prepared by a person or firm other than applicants, please note:*

Name _____	Telephone _____
Address _____	City/State/Zip _____

<i>Office Use Only</i>	<i>Entry Level</i>	<i>Level of Care</i>
Name of Applicant _____	_____	_____
Name of Spouse _____	_____	_____
Entrance Fee \$ _____	Monthly Service Fee \$ _____	
Community _____	Received By _____	Date _____