

Part II- Financial Information

In addition to completing the attached financial application, we need you to submit the following statements with the application:

- Checking Accounts (last 4 months)
- Savings Accounts (last 4 months)
- Stocks (most recent)
- Bonds (most recent)
- CDs (most recent)
- Annuities (most recent)
- Pensions (most recent)
- Real Estate/Property Values (appraisal if available or real estate listing)
- Cash Value of Life Insurance (most recent)
- One year of tax returns
- Social Security Award Letter* (Letter that is sent annually that indicates the amount of social security one will receive for the year. Bank statements that reflect this information cannot be used in place of this letter.)

A verification of accounts form is also included and will need to be completed by a bank official. This statement will serve as verification of funds available as well as the account(s) history for the past 6 months. Completion of this form is necessary in order for Caritas House to be in compliance with funding sources. ***All information disclosed to Caritas House Assisted Living will be kept confidential.***

LONG TERM CARE INSURANCE

Do you have a long term care insurance policy? YES NO

If yes, does the plan cover: (please check all that apply)

Nursing Home Home Health Care Assisted Living Other

Name of the Insurance Company: _____

Policy Limits: (daily coverage totals for each type)

\$ _____ Nurse Home \$ _____ Home Health Care

\$ _____ Assisted Living \$ _____ Other

If you have a long term care insurance policy, please include a copy of it with this application.

All applications must be returned with photo copies of the past four month statements of Checking Accounts, Savings Accounts, Stocks, Bonds, CD's Annunites, Checks, Pensions, Estimated Value of Real Estate Properties, Cash Value of Life Insurance Policies, one year of tax returns, and social security award letter.

If the applicant is accepted to Caritas House Assisted Living, an annual financial update letter will be required.

I hereby declare that the above identified sources in income, assets, and medical expenses are accurate and represent ALL my sources of income to date. If any significant changes to the above are made the applicant will notify the Caritas House Assisted Living administration.

Name of Applicant

Signature of Applicant

Name of Person Completing Application

Date

Please return this form and photocopies of statements to:

Caritas House Assisted Living
3308 Benson Avenue
Baltimore, MD 21227



Caritas House Assisted Living at The Jenkins Senior Living Community
3308 Benson Avenue • Baltimore, Maryland 21227 • 410-646-6600 • FAX 410-646-6565

BANKING VERIFICATION

Name and Address of Bank: _____

RE: _____ SSN: _____
Applicant/Resident Name

Applicant/Resident Address *City, State* *Zip Code*

The individual named above is an applicant for housing assistance which is subsidized through the Maryland Department of Housing & Community Development. State regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel to contact our office. Thank you for your cooperation.

Caritas House Representative Telephone Number

I, _____ hereby authorize _____
_____ to release the information requested below.

Name: _____ Signature: _____

Date: _____

Address City, State, Zip Code

TO BE COMPELETED BY INSTITUTION

Verification of employment Cont.

Account Number(s)	Average 6 Month Balance(s)
_____	\$ _____
_____	\$ _____
_____	\$ _____

Is this an interest bearing checking account? Yes _____ No _____
If yes, interest rate _____ %

SAVINGS ACCOUNT

Account Number(s)	Present Account Balances	Annual Interest Rate	Withdrawal Penalty
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____

CERTIFICATE OF DEPOSIT

Account Number(s)	Present Account Balances	Annual Interest Rate	Withdrawal Penalty
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____

TRUST

Value of Trust Fund Administered: \$ _____

Anticipated Amount of Income to be Earned by Trust over next 12 months: \$ _____

PROPERTY

Value of Equity in Real Property: \$ _____

I certify that the above information is true and correct.

Name of Company Official

Title of Company Official

Company

Signature

Address

Date

City, State, Zip Code

Telephone Number