



Confidential applicant financial statement

Waiting List
 Ready List

The following information is required to determine whether your personal financial profile is sufficient to provide funds to meet your needs while at Carolina Meadows. Additionally, this data enables Carolina Meadows to maintain an accurate actuarial base of its residents to help assure financial stability. **Please print clearly. If you are applying for the Ready List, please attach supporting documentation: copies of bank statements, brokerage statements, income tax returns for the past two years (first two pages only), tax valuation of real estate, etc. Supporting documentation is not required when applying to the Waiting List.**

Applicant 1			Applicant 2		
LAST NAME, FIRST NAME, MIDDLE INITIAL			LAST NAME, FIRST NAME, MIDDLE INITIAL		
<input type="checkbox"/> Male	<input type="checkbox"/> Single	If married, in what state?	<input type="checkbox"/> Male	<input type="checkbox"/> Single	If married, in what state?
<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Female	<input type="checkbox"/> Married

A. ASSETS (before any equity payments) Applicant 1 (or joint accounts) Applicant 2

1. Cash or equivalents

A. Checking	\$	\$
B. Savings	\$	\$
C. CDs / money market	\$	\$

2. Investments, non-retirement (current market value)

A. Stocks (including stock mutual funds)	\$	\$
B. Bonds (including bond mutual funds)	\$	\$

3. Retirement assets: IRA, 401(k), etc. (current market value)

A. Stocks (including stock mutual funds)	\$	\$
B. Bonds (including bond mutual funds)	\$	\$
C. Annuities	\$	\$

4. Real estate (please provide address and estimated market value)

A.	\$	\$
Do you intend to sell upon entry? <input type="checkbox"/> Yes <input type="checkbox"/> No		
B.	\$	\$
Do you intend to sell upon entry? <input type="checkbox"/> Yes <input type="checkbox"/> No		

5. Other (DO NOT include personal property such as antiques, automobiles, collections, etc.)

A. Life insurance death benefit	\$	\$
B.	\$	\$

Total assets	\$	\$
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B. LIABILITIES

	Applicant 1	Applicant 2
1. Real estate mortgage	\$	\$
2. Credit cards/charge accounts	\$	\$
3. Loans outstanding	\$	\$
4. Taxes owed	\$	\$
5. Other debts	\$	\$
Total liabilities	\$	\$
Net worth (assets minus liabilities)	\$	\$

In case of death of either applicant, what portion or percent of total assets passes from one to the other?

%

%

C. MONTHLY INCOME (NET)

	Applicant 1	Applicant 2	To Applicant 1 if Applicant 2 predeceases	To Applicant 2 if Applicant 1 predeceases	Estimated duration of income stream (life or # of yrs)
1. Social security	\$	\$	\$	\$	
2. Pension	\$	\$	\$	\$	
3. Annuity	\$	\$	\$	\$	
4. IRA, 401(k), etc.	\$	\$	\$	\$	
5. Other income	\$	\$	\$	\$	
Please explain:					
Total monthly income (net)	\$	\$	\$	\$	

D. MONTHLY PERSONAL EXPENSES

Using the worksheet found on the last page, please estimate the monthly expenses that you might incur while living at Carolina Meadows, not including your monthly service fees. The total figure from the worksheet should be entered on the following line:

Total estimated personal expenses**\$**

E. LONG-TERM CARE INSURANCE

While Carolina Meadows encourages you to utilize long-term care insurance as an important financial planning tool and benefit, it is not required as a condition of entry. However, if you currently carry a long-term care insurance policy, please complete the following information and, **if applying for the Ready List, attach a copy of the benefit summary page.**

	Applicant 1	Applicant 2
1. Name of insurance carrier		
2. Maximum lifetime benefits	\$	\$
3. Benefit period	years	years
4. Elimination period	days	days
5. Daily benefits in Assisted Living	\$	\$
6. Daily benefits in nursing facility	\$	\$
7. Do benefits increase with inflation?	yes no	yes no
8. Annual premium	\$	\$
9. Estimated annual inflation of premium	%	%

Acceptance of the application does not obligate Carolina Meadows to admit the applicant(s) into residency status. The decision to admit or not admit is made by Carolina Meadows at its sole discretion. The applicant(s) agree to such decision as binding and final in all respects.

I certify that the foregoing is a true statement of facts regarding my financial condition as known to me. I agree to provide any additional information that Carolina Meadows may reasonably require. I understand that if accepted for residency, I will not transfer nor reduce resources necessary to carry out my commitment. I understand that if any of the information contained in this application is materially inaccurate, my residency agreement may be subject to cancellation.

Signatures

Applicant 1 _____ Date _____

Applicant 2 _____ Date _____

PLEASE RETURN TO:

Sales Director
 Carolina Meadows
 100 Carolina Meadows
 Chapel Hill, NC 27517

OFFICE USE	Proposed unit	Model _____ # _____
	Cost of unit	\$ _____
	Date of birth	#1 _____ #2 _____
	Resident Assistance Fee	\$ _____ Date _____

ESTIMATE YOUR FUTURE HOUSEHOLD EXPENSES LIVING AT CAROLINA MEADOWS

This worksheet is designed to guide you in estimating your monthly expenses **upon moving to Carolina Meadows**. The total amount at the bottom should be entered into section D.

Potential household expenses	Monthly amount
1. Insurance (CM REQUIRES MEDICARE A AND B)	
A. Health	\$
B. Medical deductibles, co-pays	\$
C. Auto	\$
D. Personal property (CM does not insure personal contents)	\$
E. Life	\$
F. Long-term care	\$
2. Groceries (NOT INCLUDING MONTHLY MEAL MINIMUM)	\$
3. Dining and entertainment	\$
4. Utilities (CM PROVIDES WATER, SEWER, BASIC CABLE, INTERNET, TRASH AND RECYCLING)	
A. Telephone	\$
B. Electricity	\$
C. Expanded cable	\$
D. Gas	\$
5. Clothing and personal items	\$
6. Auto fuel and service	\$
7. Travel and leisure	\$
8. Prescription medicine	\$
9. Loan/debt payments	\$
10. Gifts and charitable giving	\$
11. Family support/alimony	\$
12. Other expenses	
A. Books and subscriptions	\$
B. Computer/office supplies	\$
C. Other	\$
Total estimated personal expenses	\$