



# John H. Whitaker *Place*

ASSISTED CARE COMMUNITY

## Prospective Resident Financial Form

### Income

Social Security:

\$ \_\_\_\_\_ per month

Pension:

\$ \_\_\_\_\_ per month

Interest and/or Dividend Income:

\$ \_\_\_\_\_ per month

Other Income:

\$ \_\_\_\_\_ per month

Source(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We are required to certify the income and assets and conduct a credit history review of *each* prospective resident. To meet this requirement, please provide the following information.

**All personal and financial information will remain confidential.**

Name(s): \_\_\_\_\_

### Assets

In the past two years, have you or any member of your household disposed of (or given away) asset(s) for less than fair market value?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Real Estate Owned                      Fair Market Value \$ \_\_\_\_\_

Address: \_\_\_\_\_

Savings: \$ \_\_\_\_\_

Checking: \$ \_\_\_\_\_

Stocks and Bonds: \$ \_\_\_\_\_

Life Insurance: \$ \_\_\_\_\_

Other Assets: (please list)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

### Signature

I certify that the above information is true to the best of my knowledge, and I authorize, as part of the application process, the verification of all information provided. This includes a review of my credit history.

\_\_\_\_\_

Signature of Prospective Resident

\_\_\_\_\_

Date (MM/DD/YY)

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*Place*

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