



BROAD REACH HEALTHCARE
Financial Information Worksheet

Applicant's name: _____ Spouse's name _____

Joint statement: Yes No

In order to process your application we need to verify a source of payment and ability to pay for the applicant's care. Please make sure all information is complete and accurate as discrepancies will delay processing.

Health Benefits (Please include copies of insurance cards with worksheet.)

Medicare # _____ MassHealth # _____

Other Insurance (name & policy#) _____

Med D/Rx Plan # _____

Long Term Care Insurance _____

Cash Assets

Name of Institution	Acct. #	Savings/ Checking	Balance	As of date

Income (Applicant's only or Joint - list both & identify)

Income Sources	Please list names	Amount	Total Yearly
Social Security		\$ per month	\$
Pensions		\$ per month	\$
Annuities		\$ per month	\$
Trusts (check one) <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable		\$ per month	\$
Rental		\$ per month	\$
Dividends		\$ per month	\$
Interest		\$ per month	\$
Bonds		\$ per month	\$
Other (describe-->)		\$ per month	\$
Other (describe-->)		\$ per month	\$
Totals			\$

Please note any time (or lifetime) limits on pensions, annuities, trusts, etc. _____

Applicant's Assets:		Life Insurance Policies (on applicant's life or owned by applicant):		
			policy #1	policy #2
Equity in Residence	\$	Company		
Savings & C.D.'s	\$	Policy #		
Stocks	\$	Face Value:	\$	\$
Bonds	\$	Cash Value	\$	\$
Other R. E. Equity	\$	List any other sources of income or assets below:		
Other _____	\$			
Other _____	\$			
Total Assets	\$			

1. Are there any debts, mortgages, obligations, etc. affecting the income or assets? Yes No If yes, please explain.

2. For the purposes of this transaction, must your present home be sold? Yes No
3. Will you need to arrange for a short-term loan with your bank to complete this transaction? Yes No
4. Does your pension (income) cease when you die? Yes No If no, does it continue to go to your spouse? Yes No
5. Does your pension increase with the cost of living? Yes No

Transfer of Assets

Has any of the applicant's owned or jointly-owned real estate, personal property, cash or other assets been transferred, sold, or given as a gift in the last 60 months? Yes No

Item transferred	Value	To Whom	Date

Your attorney: _____

Address: _____ Phone _____

Power of attorney, held by whom: _____

Address: _____ Phone _____

Financial Advisor: _____

Address: _____ Phone _____

I certify to the best of my knowledge, that the above statements are true. I agree to submit documentation, including without limitation, copies of bank records for all assets, debts and other information provided above, if requested. I authorize you to conduct a credit review of my financial institutions named above. I also understand that the Facility considers this application for residence to be a continuing statement of my financial condition, and I agree to notify the Facility in writing of any substantial change in my financial condition. The Facility agrees to keep all information contained here, and provided in the future, strictly confidential.

Applicant or financially responsible party: _____ relationship to applicant: _____

Signature _____ Date _____