

Dogwood Village of Orange County Health and Rehab



Personal Financial Statement

Applicant's Name	
Birth Date	
Social Security #	
Home Address	
Telephone	
Spouse's Name	
Date of Statement	

Assets	Dollars only	Liabilities	Dollars only
Available cash	\$	Loans	\$
Deposit accounts		Mortgage	
Stocks & bonds		Credit cards	
Accounts or notes receivable		Other (itemize if over \$1,000)	
Cash value life ins.			
Motor Vehicles (Lien? <input type="checkbox"/> yes <input type="checkbox"/> no)			
Net worth of business owned			
Other (itemize if over \$5,000)			
Total Assets	\$	Total Liabilities	\$

Annual Income	Yours	Spouse
Salary		
Dividends/Interest		
Net Real Estate Income		
Other – Itemize		
Total		

Institutions at which you have Deposit Accounts

Name of Institution	Account #	Name(s) in Account Title	Type Account

I certify that I have reviewed this statement, that it is correct and fairly presents my financial condition and worth as of the date of this statement. I authorize Dogwood Village of Orange County Senior Living to make any inquiries of any agency it deems appropriate to verify the validity of my financial statement. I understand that my admission to this facility is not contingent upon the results of this financial statement and that this statement is to be used by Dogwood Village of Orange County Senior Living exclusively in assisting me with financial planning.

Applicant's Name, Signature and Date	
Witness Name, Signature and Date	