

**Financial Data Statement**  
*All Information Will be Held Confidential*

Resident Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<b>ASSETS:</b>						
		Is The Asset Security For A Loan?			Is The Asset Security For A Loan?	
		1st Person	Yes		No	2nd Person
Cash (Savings & Checking)	\$				\$	
CDs, Money Markets, etc.	\$				\$	
Stocks & Bonds	\$				\$	
IRA's						
Annuities	\$				\$	
House	\$				\$	
Other Real Estate	\$				\$	
Trust Fund						
(Indicate % beneficial int.)	\$				\$	
Cash Surrender Value of Life Insurance	\$				\$	
Other Assets: (Describe Below)	\$				\$	
<b>TOTAL ASSETS:</b>	\$				\$	
<b>LIABILITIES:</b>						
	1st Person			2nd Person		
Mortgage on Residence	\$			\$		
Mortgage(s) on Other Real Estate	\$			\$		
Other Bank Loans	\$			\$		
Loans Against Cash Surrender Value of Life Insurance	\$			\$		
Other Liabilities (Notes Payable, etc.)						
	\$			\$		
<b>TOTAL LIABILITES:</b>	\$			\$		

HAVE YOU GUARANTEED ANY DEBT OWED BY ANOTHER?			Yes	No
Guarantor(s)	Debtor	Relation	Amount of Debt	

Regular Monthly Income		
	1st Person	2nd Person
Social Security	\$	\$
Pension *		
Dividends		
Interest		
Annuity		
Mortgage/Rental Income		
IRA Income		
Trust Income		
Other Monthly Income		
Total Regular Monthly Income	\$	\$

\*With regard to monthly pension income reflected, will the monthly payment continue in the same amount for the life of the other person listed (generally, the surviving spouse)?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If no, what will be the monthly payment after the death of the recipient listed?

\$ \_\_\_\_\_/month

I hereby declare that all statements made herein are true according to my best knowledge and belief. In witness hereof, I have hereunto set my hand to this application this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of 1st person

\_\_\_\_\_  
Signature of 2nd person

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Please print name

Approved \_\_\_\_\_  
Plymouth Place Authorized Signature