5. CERTIFICATION

I (We) certify the information given in this Confidential Financial Statement is true and correct and may be relied upon by Rappahannock Westminster-Canterbury, Inc. I (We) also understand concealing or misrepresenting financial information or the willful or unreasonable dissipation of assets or income as shown may be cause for termination of the Residence and Services Agreement and may disqualify me (us) from future financial assistance at Rappahannock Westminster-Canterbury, Inc.

I (We) further authorize Rappahannock Westminster-Canterbury, Inc. to request or obtain information concerning my (our) finances, should it be necessary.

Applicant #1 Signature _____ Date _____

Applicant #2 Signature _____ Date _____

Please mail your completed application to:

Rappahannock Westminster-Canterbury
132 Lancaster Drive
Irvington, Virginia 22480

Phone: 804-438-4000
Fax: 804-438-4854
Email: info@rw-c.org

Rappahannock Westminster-Canterbury

CONFIDENTIAL FINANCIAL STATEMENT

1. PERSONAL INFORMATION

Applicant #1 Name	**Applicant #2 Name**
Social Security #	Social Security #
Date of Birth	Date of Birth
Address	Address (❑ SAME AS APPLICANT #1)
Phone	Phone (❑ SAME AS APPLICANT #1)
Cell	Cell
Email	Email

Is there someone other than First or Second Applicant who has shared ownership of any assets, or shared responsibility of liabilities?

❑ YES ❑ NO If yes, please complete the information below

Name	Relationship
Type	Asset/Liability Name

2. ASSETS & LIABILITIES

Please list amounts for your total assets and liabilities below, separating the values held individually from those owned jointly. It is helpful for us to understand who is liable for debts, so please list separate liabilities accordingly, or include them under "Joint" if you share them.

	APPLICANT #1	APPLICANT #2		
ASSETS	**Amount**	**Amount**	**Joint**	**Total**
Checking Account Balance				
Savings Balance				
Certificates of Deposit				
Value of Stocks, Bonds, etc.				
Value of Home				
Value of Other Real Estate				
Accounts & Notes Receivable				
Life Insurance Cash Value				
Other Assets *(Please itemize)*				
TOTAL ASSETS				

LIABILITIES	**Amount**	**Amount**	**Joint**	**Total**
Mortgage on Home				
Mortgage(s) - Other Real Estate				
Notes Payable				
Other Debts/Liabilities *(Please itemize)*				
TOTAL LIABILITIES				

	Amount	**Amount**	**Joint**	**Total**
TOTAL ASSETS				
TOTAL LIABILITIES				

3. MONTHLY INCOME

Please list your gross monthly income in the table below. Indicate whether or not each source of income is inflation adjusted by writing "Yes" or "No" in the column provided. For couples, please list survivor benefits if applicable.

	APPLICANT #1			APPLICANT #2		
TYPE OF INCOME	**Amount**	**Survivor Benefit**	**Inflation Adjusted?**	**Amount**	**Survivor Benefit**	**Inflation Adjusted?**
Pension						
Social Security						
IRA Income						
401(k) Income						
Annuity #1						
Annuity #2						
Interest						
Dividends						
Other Source						
Other Source						

If you are not yet taking income from an IRA, 401(k) or 403(b), in what year will it start?
Applicant #1 _____ Applicant #2 _____

Projected income from IRA, 401(k) or 403(b) when you begin taking it?
Applicant #1 _____ Applicant #2 _____

Please provide us with additional information about your annuities listed in the Monthly Income Table.

How many years of payments remain on each annuity? Annuity #1 _____ Annuity #2 _____

4. MEDICAL COVERAGE

Please indicate "Yes" or "No" for each type of medical coverage in place for each applicant.

TYPE OF COVERAGE	**APPLICANT #1**	**APPLICANT #2**
Traditional Medicare A		
Traditional Medicare B		
Medicare Advantage Plan		
Do you have long-term care insurance? *If yes, please include a copy of your policy with your application.*		
Other Coverage *(Please specify)*		
Secondary Insurance (Co-Insurance)		