

Pilgrim Place Financial Information Form

Please complete the following information and return this document to the Pilgrim Place Director of Admission. All financial information will be held in confidence.

Printed name of Applicant _____

Printed name of Spouse/Partner (if Applicable) _____

Applicant [and, if applicable, Spouse/Partner] seek(s) admission to Pilgrim Place in Claremont, Inc. (the “Community”), a continuing care retirement community and California nonprofit public benefit corporation. I understand that completion of this Financial Information Form is one prerequisite to entrance into Pilgrim Place, and that my misrepresentation or omission of information in this form may result in my denial of admission to the Community or termination of my Care and Residence Agreement with Pilgrim Place. I agree to answer all questions contained in this application candidly and completely.

Applicant’s Signature _____

Date _____

Spouse/Partner’s Signature _____

Date _____

Return completed form to:
Admissions Office
Pilgrim Place
625 Mayflower Road
Claremont, CA 91711

Pilgrim Place
625 Mayflower Road * Claremont, CA 91711 * 909-399-5500 * www.pilgrimplace.org

I. GENERAL INFORMATION

| APPLICANT | | |
|----------------------------------|-----------------|----|
| Name | | |
| Address | | |
| City, State, Zip | | |
| Home Phone | | |
| Cell Phone | | |
| Date of Birth | Place of Birth | |
| Social Security No. | Medicare Number | |
| Medicare Insurance Part A | Yes | No |
| Medicare Insurance Part B | | |
| Other Health Insurance Policies: | | |
| _____ | | |
| _____ | | |

| SPOUSE/PARTNER (If applicable) | | |
|---------------------------------------|-----------------|----|
| Name | | |
| Address | | |
| City, State, Zip | | |
| Home Phone | | |
| Cell Phone | | |
| Date of Birth | Place of Birth | |
| Social Security No. | Medicare Number | |
| Medicare Insurance Part A | Yes | No |
| Medicare Insurance Part B | | |
| Other Health Insurance Policies: | | |
| _____ | | |
| _____ | | |

II. FINANCIAL INFORMATION

Pilgrim Place requires proof of assets and/or income. Please supply the Applicant's and Spouse/Partner's last three (3) Federal income tax returns, last three (3) months' bank statements (summary pages), and the last year of any investment(s) statements (summary pages) claimed below (quarterly or annual statements are acceptable). Upon admittance, Pilgrim Place reserves the right to request updated financial information every two (2) years.

A. ASSETS

Please list below your assets (including retirement account balances), liabilities, monthly income and monthly expenses. Please carefully consider all personal expenses in preparing the monthly expenses schedule below.

| <u>ASSETS</u> (At current market value) | | <u>LIABILITIES</u> (At current liquidation value) | |
|--|-----------------|--|-----------------|
| Home(s) | \$ _____ | Home Mortgage(s) | \$ _____ |
| Other Real Estate | \$ _____ | Loans on Other Real Estate | \$ _____ |
| Stocks | \$ _____ | Loans on Autos, etc. | \$ _____ |
| Bonds | \$ _____ | Notes Payable to Others | \$ _____ |
| Cash, including Savings Certificates, Money Market Accounts, etc. | \$ _____ | Loans Against Life Insurance | \$ _____ |
| Life Insurance Cash Surrender Value | \$ _____ | | |
| Notes payable to you (Please state terms) | \$ _____ | Other Liabilities (Please describe): | |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| Other Assets (Please describe): | | _____ | \$ _____ |
| _____ | \$ _____ | | |
| _____ | \$ _____ | | |
| _____ | \$ _____ | | |
| TOTAL ASSETS | \$ _____ | TOTAL LIABILITIES | \$ _____ |

B. MONTHLY INCOME (Anticipated as a Resident of Pilgrim Place)

| | <u>APPLICANT</u> | <u>SPOUSE/PARTNER</u> |
|--------------------------|------------------|-----------------------|
| Social Security | \$ _____ | \$ _____ |
| Other Pension/Retirement | | |
| Income | \$ _____ | \$ _____ |
| Annuities | \$ _____ | \$ _____ |
| Trust Funds | \$ _____ | \$ _____ |
| Savings | \$ _____ | \$ _____ |
| Investments | \$ _____ | \$ _____ |
| Real Estate | \$ _____ | \$ _____ |
| Other: _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| Total(s) | \$ _____ | \$ _____ |

Does Pension/Retirement Income Provide For Cost-Of-Living Increases?
 ___ Yes ___ No ___ Yes ___ No

How Much Life Insurance Do You Own?
 \$ _____ \$ _____

Beneficiary Name(s):
 _____ _____

 _____ _____

C. MONTHLY EXPENSES (Anticipated as a Resident of Pilgrim Place)

| | <u>APPLICANT</u> | <u>SPOUSE/PARTNER</u> |
|---|------------------|-----------------------|
| Mortgages | \$ _____ | \$ _____ |
| Other Loans | \$ _____ | \$ _____ |
| Maintenance of an adult child or other dependent (please specify) | \$ _____ | \$ _____ |
| Insurance Premiums | \$ _____ | \$ _____ |
| Health | _____ | |
| Automobile | _____ | |
| Homeowners | _____ | |
| Umbrella | _____ | |
| Long Term Care | _____ | |
| Other | _____ | |
| Private Duty Aides, Companions, Assistants | \$ _____ | \$ _____ |
| Prescription Drugs | \$ _____ | \$ _____ |
| Other Monthly Expenses: | | |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| TOTAL(S) | \$ _____ | \$ _____ |

D. BANK OR CREDIT REFERENCES:

1. Applicant
Name _____ Location _____ Phone _____ Person to Contact _____

2. Spouse/Partner (if different than Applicant)
Name _____ Location _____ Phone _____ Person to Contact _____

E. FINANCIAL ADVISOR:

Name _____
Title and Firm _____
Address _____
City, State, Zip _____
Telephone No. _____ Fax No. _____
E-Mail Address _____

F. EXECUTOR OF ESTATE OR SUCCESSOR TRUSTEE OF REVOCABLE TRUST

1. Applicant
Name _____
Title and Firm _____
Address _____
City, State, Zip _____
Telephone No. _____ Fax No. _____
E-Mail Address _____

2. Spouse/Partner (if different than Applicant)
Name _____
Title and Firm _____
Address _____
City, State, Zip _____
Telephone No. _____ Fax No. _____
E-Mail Address _____

Thank you for completing this form and returning it to the Pilgrim Place address printed on Page 1.