



CONFIDENTIAL FINANCIAL PROFILE

The following information is requested to assure the Board of Well-Spring that your financial resources will be adequate to fulfill your responsibilities to Well-Spring. The information supplied is strictly confidential. A more detailed summary may be requested before signing a reservation agreement.

NAME OF FUTURE RESIDENT: _____

NAME OF CO-FUTURE RESIDENT: _____

REGULAR MONTHLY INCOME

	RESIDENT	CO-RESIDENT
Social Security	\$	\$
Pension	\$	\$
Other	\$	\$
Total	\$	\$

ASSETS (Net of Debt) (Report joint holdings in one column only)

	RESIDENT	CO-RESIDENT
Cash (Savings & Checking)	\$	\$
Investments	\$	\$
House (Equity in Residence)	\$	\$
Other	\$	\$
Total	\$	\$

Long-Term Care Insurance Policy in effect? Yes No

If yes, please provide a copy of the Declaration Page.

I/we hereby declare that all statements made herein are true according to my/out best knowledge and belief. In witness whereof, I/we have hereunto set my/our hand(s) to this application on _____.
date (mm/dd/yyyy)

Signature of Future Resident: _____

Date of Birth: _____

Signature of Co-Future Resident: _____

Date of Birth: _____