



**Longview... an Ithacare Community
Financial Information**

Applicant's/Resident's Name: _____

Date: _____

Social Security # _____

Documentation **MUST** be provided for all income, assets and medical expenses.

1) Please provide copies of filed Federal Income Tax Returns for the following years:

2) Monthly income from the following:

Please provide current statements or copies of checks received.

INCOME (Gross)

	Source	Monthly Amount
Wages	_____	_____
Social Security	_____	_____
SSI	_____	_____
Pension	_____	_____
Annuity	_____	_____
Life Insurance Disbursement	_____	_____
IRA Disbursement	_____	_____
Alimony Payments	_____	_____
Rental Property	_____	_____
Payments received on an owned mortgage	_____	_____
Interest	_____	_____
Dividends	_____	_____
Other:	_____	_____

3) ASSETS:

Please provide current statements.

	Financial Institution	Account Number	Principal Balance
Checking	_____	_____	_____
Savings	_____	_____	_____
Money Market	_____	_____	_____
CD	_____	_____	_____
Stocks	_____	_____	_____
Bonds	_____	_____	_____

**Longview... an Itasca Community
Financial Information**

ASSETS: (cont)

Please provide current statements.

Mutual Funds

Real Estate

Trust, revocable or non

Business assets

Burial Fund

Other:

**Financial
Institution**

**Account
Number**

**Principal
Balance**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4) Monthly medical expenses and Health Insurance Premiums from the following:

	Company Name and Phone Number	Monthly Amount
Medicare Health Insurance	_____	_____
Medicaid spend-down	_____	_____
Prescription plan co-pay	_____	_____
Prescriptions (not covered)	_____	_____
Any other medical expenses not listed above (dentist visits, checkups, etc):		

5) Please provide your Accountant's name, address and phone number:

I affirm under penalty of perjury that information provided on this form is true and accurate to the best of my knowledge and belief. Furthermore, I authorize Longview to obtain and verify information given. Longview agrees to maintain this information in Strict Confidence.

Signed:

Date:

**Longview... an Itasca Community
Financial Information**

Applicant's/Resident's Name: _____
Social Security # _____

Date: _____

The person named above has made application to, or is a resident of, Longview. The information requested is for the purpose of determining eligibility for financial subsidy to cover housing and service fees. This information will be kept in **STRICT CONFIDENCE**.

Thank you for your cooperation. Please return this information in the enclosed stamped envelope.

TO WHOM IT MAY CONCERN:

I am authorizing Longview to obtain the information requested to determine eligibility for reduced rent.

Signature: _____

Date: _____

with: Client/Resident Mark JASON/Jaggleton Phone: 913-222-2222