



Waiting List _____

Ready List _____

Confidential Applicant Financial Statement

The following information is requested to determine whether your personal financial profile is sufficient to provide funds to meet your needs while at Carolina Meadows. Additionally, this data enables Carolina Meadows to maintain an accurate actuarial base of its residents to assure financial stability. **Please print clearly. If you are applying for the Ready List, please attach supporting documentation: copies of bank statements, brokerage statements, income tax returns for the past two years (first two pages only), tax valuation of real estate, etc. Supporting documentation is not required when applying to the Waiting List.**

Applicant #1 Last Name _____ First _____ Initial _____
Applicant #2 Last Name _____ First _____ Initial _____

A. <u>ASSETS</u> (Before any equity payments)	Applicant #1	Applicant #2
1. Cash or Equivalents		
A. Checking	\$ _____	\$ _____
B. Savings	\$ _____	\$ _____
C. CDs/Time Deposits	\$ _____	\$ _____
2. Investments-Non-Retirement (Current market value)		
A. Stocks (including stock mutual funds)	\$ _____	\$ _____
B. Bonds (including bond mutual funds)	\$ _____	\$ _____
3. Retirement Assets-IRA, 401k, etc (Current market value)		
A. Stocks (including stock mutual funds)	\$ _____	\$ _____
B. Bonds (including bond mutual funds)	\$ _____	\$ _____
C. Annuities	\$ _____	\$ _____
4. Real Estate (Estimated market value) Do you intend to sell upon entry? (Yes / No) <input type="checkbox"/>		
A. _____	\$ _____	\$ _____
B. _____	\$ _____	\$ _____
5. Other (DO NOT include personal property such as antiques, automobiles, collections, etc.)		
A. <u>Life insurance death benefit</u>	\$ _____	\$ _____
B. _____	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____

B. LIABILITIES

Applicant #1

Applicant #2

1. Real Estate Mortgage	\$ _____	\$ _____
2. Credit Cards/Charge Accounts	\$ _____	\$ _____
3. Loans	\$ _____	\$ _____
4. Taxes Owed	\$ _____	\$ _____
5. Other Debts	\$ _____	\$ _____

TOTAL LIABILITIES \$ _____

NET WORTH (Assets minus Liabilities) \$ _____

In case of death of either applicant, what portion or percent of total assets passes from one to the other?

_____ % _____ %

C. MONTHLY INCOME - NET

	Single, or husband and wife combined	To wife if husband predeceases	To husband if wife predeceases	Estimated annual % increases	Estimated duration of income stream (life or # of years)
1. Social security	\$ _____	\$ _____	\$ _____	%	
2. Pension	\$ _____	\$ _____	\$ _____	%	
3. Annuity	\$ _____	\$ _____	\$ _____	%	
4. IRA, 401(k), etc.	\$ _____	\$ _____	\$ _____	%	
5. Other income	\$ _____	\$ _____	\$ _____	%	
TOTAL	\$ _____	\$ _____	\$ _____		

D. MONTHLY PERSONAL EXPENSES

Using the worksheet found on the last page, please estimate the monthly expenses that you might incur while living at Carolina Meadows, not including your monthly service fees. The total figure from the worksheet should be entered on the following line:

Total estimated personal expenses \$ _____

E. LONG TERM CARE INSURANCE

While Carolina Meadows encourages you to utilize long-term care insurance as an important financial planning tool and benefit, it is not required as a condition of entry. However, if you currently carry a long-term care insurance policy, please complete the following information and, **if applying for the Ready List, attach a copy of the benefit summary page.**

	Applicant #1	Applicant #2
1. Name of Insurance Carrier	_____	_____
2. Maximum Lifetime Benefits	\$ _____	\$ _____
3. Benefit Period	_____ Years	_____ Years
4. Elimination Period	_____ Days	_____ Days
5. Daily Benefits in Assisted Living	\$ _____	\$ _____
6. Daily Benefits in Nursing Facility	\$ _____	\$ _____
7. Do Benefits Increase with Inflation?	yes / no	yes / no
8. Annual Premium	\$ _____	\$ _____
9. Estimated Annual Inflation of Premium	_____ %	_____ %

Acceptance of the application does not obligate Carolina Meadows to admit the applicant(s) into residency status. The decision to admit or not admit is made by the Corporation at its sole discretion. The applicant(s) agree to such decision as binding and final in all respects.

I certify that the foregoing is a true statement of facts regarding my financial condition as known to me. I agree to provide any additional information that Carolina Meadows may reasonably require. I understand that if accepted for residency, I will not transfer nor reduce resources necessary to carry out my commitment. I understand that if any of the information contained in this application is materially inaccurate, my residency agreement may be subject to cancellation.

Signature: Applicant #1 _____ Date _____
 Applicant #2 _____ Date _____

PLEASE RETURN TO:
 Sales Director
 Carolina Meadows
 100 Carolina Meadows
 Chapel Hill, NC 27517

OFFICE USE ONLY	Proposed unit:	Model: _____	# _____
	Cost of unit:	\$ _____	
	Date of birth:	#1 _____	#2 _____
	Resident Assistance Fee:	\$ _____	Date _____

WORKSHEET TO ESTIMATE MONTHLY PERSONAL EXPENSES

This worksheet is designed to guide you in estimating your monthly expenses upon moving to Carolina Meadows. The total amount at the bottom should be entered into section D. It will be integrated into Carolina Meadows' Financial Screen as part of your admission process.

<u>Potential Household Expenses</u>	<u>Monthly Amount</u>	<u>Notes</u>
1. Insurance		CM requires Medicare A and B
A. Health insurance	\$ _____	
B. Medical deductibles, co-pays	\$ _____	
C. Auto	\$ _____	
D. Personal property	\$ _____	CM does not insure personal contents
E. Life	\$ _____	
F. Long-term care	\$ _____	
2. Groceries	\$ _____	Not including monthly meal minimum
3. Dining and entertainment	\$ _____	
4. Utilities		CM provides water, sewer, basic cable, trash and recycling
A. Telephone	\$ _____	
B. Electricity	\$ _____	
C. Expanded cable/internet	\$ _____	
D. Gas	\$ _____	
5. Clothing and personal items	\$ _____	
6. Auto fuel and service	\$ _____	
7. Travel and leisure	\$ _____	
8. Gifts and charitable giving	\$ _____	
9. Prescription medicine	\$ _____	
10. Loan/debt payments	\$ _____	
11. Family support/alimony	\$ _____	
12. Other expenses		
A. Books and subscriptions	\$ _____	
B. Computer/office supplies	\$ _____	
C. Other	\$ _____	
TOTAL	\$ _____	