



*Marymount Place*  
 5100 Marymount Village Drive  
 Garfield Heights, OH 44125  
 Independent and Assisted Living Retirement Community

**CONFIDENTIAL FINANCIAL INFORMATION**

Please understand that the following information is requested in order to develop a financial plan that will serve your best interests and meet our minimum costs. This information is also used to explore possible supplemental means in the event your finances are insufficient to meet the entire cost. Your financial resources in no way assure or restrict your admission to this long-term care facility. We appreciate your complete and accurate financial disclosure. This information will be kept confidential.

Name: \_\_\_\_\_

Marital Status:      Single              Married              Widowed              Divorced

Social Security #: \_\_\_\_\_ Veteran or Spouse of Veteran \_\_\_\_\_

Pre-Retirement Occupation: \_\_\_\_\_

<u>ASSETS</u>		<u>MONTHLY INCOME</u>	
Checking Account	\$ _____	Social Security	\$ _____
Savings Account	\$ _____	Pension	\$ _____
Stocks and Bonds	\$ _____	Annuities	\$ _____
IRA	\$ _____	Interest	\$ _____
Real Estate	\$ _____	Dividends	\$ _____
Other	\$ _____	Other	\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
<b>TOTAL</b>	<b>\$ _____</b>		<b>\$ _____</b>

Adjusted Gross Income for Past Tax Year: \$ \_\_\_\_\_

The undersigned hereby certifies that the information above is true and accurate.

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

Do you anticipate any change to a nursing home or memory care service level in the next (please circle appropriate answer)?

1-2 months    3-5 months    6-8 months    9-12 months