

ASSETS: Please provide copy of current bank(s) statements.

Checking Accounts:

Bank _____ Amount _____
Account # _____

Bank _____ Amount _____
Account # _____

Savings Accounts:

Bank _____ Amount _____
Account # _____

Certificates of Deposit:

Bank _____ Amount _____
Account # _____

IRA Account:

Bank _____ Amount _____
Account # _____

Stocks and Bonds (include US Government Savings Bonds):

Name and Company _____
Address _____
Value \$ _____

1. Do you have any personal property held as an investment? (property, jewelry, gems, paintings, coin collections, etc. ?) ___Yes ___No

Identify: _____

2. Have you disposed of any assets within the past 2 years such as property, money, investments? This includes any cash gifts to any individual(s). It also includes any cash gifts, property, etc. given to churches, groups, non-profit organizations or family members.

___Yes ___No Explain: _____

Amount: _____ 1 year ago

Amount: _____ 2 years ago

2a. Do you have any trusts? ___Yes ___No

3. Do you anticipate any changes in income or assets due to sale of a house or property, an inheritance, etc. within the next 6 months? Yes No

Explain: _____

INCOME: (Please provide a copy of the current year's Social Security Award Letter.)

Source: List **ALL** sources of income (Social Security, Pensions, S.S.I., Interest on Savings Accounts, Income on rental property, Interest on Money Market Certificates, Interest on Contracts for Deeds, Recurring monetary gifts or non-cash contributions from individuals or groups, Railroad Retirement, income from employment, interest from stocks, bonds, etc.

Source:	Amount Per Month:
_____	\$ _____ per month
_____	\$ _____ per month
_____	\$ _____ per month
_____	\$ _____ per month

Are you a veteran? Yes No Veteran #: _____

Do you have any life insurance policies? Yes No

Name: _____

Address: _____

Policy# _____

MEDICAL/PRESCRIPTION/INSURANCE INFO.

List your Medicare #: _____

Are you receiving Medical Assistance through a county Human Services Department?
 Yes No Name of County _____

Address _____

Do you have health insurance besides Medicare? Yes No
(Such as AARP, Blue Cross, etc.) How much are your premiums? _____

Name _____

Address _____

Do you have any outstanding medical/dental bills? Yes No

If yes, please provide names of providers: _____

What medical expenses do you expect to incur in the next 12 months? _____

Please provide the name and address of your pharmacy: _____

Cost each month of your prescription drugs? _____

Does your insurance cover any of these costs? Yes No

Please identify any special housing needs you require: _____

Are you a smoker? Yes No **(BAKER PARK IS A SMOKE-FREE FACILITY)**

GENERAL REFERENCES: (No relatives)

1. _____
Name Address Phone #

2. _____
Name Address Phone #

I hereby affirm that to the best of my knowledge, the foregoing information is true and correct. I understand that providing false statements or incomplete information may result in punishment under Federal Law.

NAME DATE

Name of Contact Person Relationship to you Phone #

Baker Park allows pets with a completed pet application and pet security deposit.

Do you have a pet? Yes No

Baker Park has a mandatory meal program.