



902 Jacksonville Rd  
Burlington, NJ 08016  
609-239-3890

## CONFIDENTIAL FINANCIAL APPLICATION

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

DOB: \_\_\_\_\_

Financial/Medical POA ☐ YES ☐ NO

If yes, please specify who: \_\_\_\_\_

Is applicant a US Citizen: ☐ YES ☐ NO If no, please indicate country of citizenship: \_\_\_\_\_

Is applicant a Veteran: ☐ YES ☐ NO

Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Single

**RESIDENCY** Address: \_\_\_\_\_

Monthly Mortgage: \$ \_\_\_\_\_ Home Value: \$ \_\_\_\_\_ Rental: \$ \_\_\_\_\_

MONTHLY INCOME	SELF	Partner
SOCIAL SECURITY	\$ _____	\$ _____
PENSION	\$ _____	\$ _____
IRA	\$ _____	\$ _____
OTHER	\$ _____	\$ _____
ASSETS	SELF	Partner
CHECKING	\$ _____	\$ _____
SAVINGS	\$ _____	\$ _____
LIFE INSURANCE	\$ _____	\$ _____
IRA/STOCKS/BONDS	\$ _____	\$ _____
OTHER	\$ _____	\$ _____

Does applicant have a trust account? ☐ YES ☐ NO

Self: \$ \_\_\_\_\_ Partner: \$ \_\_\_\_\_

Have you transferred any money/assets in the last 5 years? ☐ YES ☐ NO

If yes, to whom and how much? \_\_\_\_\_

Additional Information: \_\_\_\_\_

Form completed by (print): \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

Signature verifying information above is accurate \_\_\_\_\_