

# Pilgrim Place Financial Information Form

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Please complete the following information and return this document to the Pilgrim Place Director of Admission. All financial information will be held in confidence.

\_\_\_\_\_  
Printed name of Applicant

\_\_\_\_\_  
Printed name of Spouse/Partner (if Applicable)

Applicant [and, if applicable, Spouse/Partner] seek(s) admission to Pilgrim Place in Claremont, Inc. (the "Community"), a continuing care retirement community and California nonprofit public benefit corporation. I understand that completion of this Financial Information Form is one prerequisite to entrance into Pilgrim Place, and that my misrepresentation or omission of information in this form may result in my denial of admission to the Community or termination of my Care and Residence Agreement with Pilgrim Place. I agree to answer all questions contained in this application candidly and completely.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse/Partner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return the completed form to:

Admissions Office  
Pilgrim Place  
625 Mayflower Road  
Claremont, CA 91711

**Pilgrim Place**

625 Mayflower Road \* Claremont, CA 91711 \* 909-399-5500 \* [www.pilgrimplace.org](http://www.pilgrimplace.org)

**I. GENERAL INFORMATION**

<b>APPLICANT</b>			
Name			
Address			
City, State, Zip			
Home Phone			
Cell Phone			
Date of Birth		Place of Birth	
Social Security No.		Medicare Number	
<b>Medicare Insurance Part A</b>		Yes	No
<b>Medicare Insurance Part B</b>			
Other Health Insurance Policies:			
_____			
_____			

<b>SPOUSE/PARTNER (If applicable)</b>			
Name			
Address			
City, State, Zip			
Home Phone			
Cell Phone			
Date of Birth		Place of Birth	
Social Security No.		Medicare Number	
<b>Medicare Insurance Part A</b>		Yes	No
<b>Medicare Insurance Part B</b>			
Other Health Insurance Policies:			
_____			
_____			

## II FINANCIAL INFORMATION

Pilgrim Place requires proof of assets and/or income. Please supply the Applicant's and Spouse/Partner's last three (3) Federal income tax returns, last three (3) months' bank statements (summary pages), and the last year of any investment(s) statements (summary pages) claimed below (quarterly or annual statements are acceptable). Upon admittance, Pilgrim Place reserves the right to request updated financial information every two (2) years.

### A. ASSETS

Please list below your assets (including retirement account balances), liabilities, annual income and monthly expenses. Please carefully consider all personal expenses in preparing the monthly expenses schedule below.

<u>ASSETS</u>	<u>VALUE</u> (At current market value)	<u>ANNUAL INCOME</u>
Primary Residence	\$ _____	
Other Real Estate	\$ _____	\$ _____
Cash Savings/CD/Money Mkt	\$ _____	
	\$ _____	
	\$ _____	
Stocks/Equities	\$ _____	\$ _____
Bonds	\$ _____	\$ _____
Life Insurance (Cash Surrender Value)	\$ _____	\$ _____
Social Security (applicant)		\$ _____
Social Security (spouse)		\$ _____
Pension (applicant)		\$ _____
Pension (spouse)		\$ _____
Annuities	\$ _____	\$ _____
IRA/401 K /403 B	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
Alimony		\$ _____
Other Assets (Please describe)		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<b>TOTAL ANNUAL \$ _____</b>
		<b>INCOME</b>

**B. LIABILITIES**

**AMOUNT**

(At current liquidation value)

Mortgage on Primary Residence	\$ _____
Mortgage(s) on other Real Estate	\$ _____
Loans on Autos/other vehicles	\$ _____
Notes Payable to Others	\$ _____
Loans Against Life Insurance	\$ _____
Other Liabilities (Please describe)	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Does your pension/retirement income provide for cost of living increases? \_\_\_\_ Yes \_\_\_\_ No

**C. MONTHLY EXPENSES (Anticipated as a Resident of Pilgrim Place)**

Mortgage(s)	\$ _____
Other Loans	\$ _____
Support of an adult child or other dependent (Please specify) _____	\$ _____
Insurance Premiums	
Health	\$ _____
Auto	\$ _____
Homeowners	\$ _____
Long Term Care (Please attach summary page)	\$ _____
Umbrella	\$ _____
Other _____	\$ _____
Prescription drugs	\$ _____
Food/Entertainment	\$ _____
Other monthly expenses	
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**D. BANK OR CREDIT REFERENCES:**

1. Applicant

Name	Location	Phone	Person to Contact
_____	_____	_____	_____
_____	_____	_____	_____

2. Spouse/Partner (if different than Applicant)

Name	Location	Phone	Person to Contact
_____	_____	_____	_____
_____	_____	_____	_____

**B. FINANCIAL ADVISOR:**

Name \_\_\_\_\_  
Title and Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

**C. EXECUTOR OF ESTATE OR SUCCESSOR TRUSTEE OF REVOCABLE TRUST**

1. Applicant

Name \_\_\_\_\_  
Title and Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

2. Spouse/Partner (if different than Applicant)

Name \_\_\_\_\_  
Title and Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

*Thank you for completing this form and returning it to the Pilgrim Place address printed on Page 1.*