

Pilgrim Place Financial Information Form

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 _____

Return completed form to:
Janet Cromwell
Director of Admission
Pilgrim Place
660 Avery Road
Claremont, CA 91711

Pilgrim Place

I. GENERAL INFORMATION

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

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

II. FINANCIAL INFORMATION

Pilgrim Place reserves the right to request proof of assets and/or income and to request any of the Applicant's and Spouse/Partner's last three (3) income tax returns.

A. ASSETS

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

<u>ASSETS</u>		<u>LIABILITIES</u>	
(At current market value)		(At current liquidation value)	
Home(s)	\$ _____	Home Mortgage(s)	\$ _____
Other Real Estate	\$ _____	Loans on Other Real Estate	\$ _____
Stocks	\$ _____	Loans on Autos, etc.	\$ _____
Bonds	\$ _____	Notes Payable to Others	\$ _____
Cash, including Savings Certificates, Money Market Accounts, etc.	\$ _____	Loans Against Life Insurance	\$ _____
Life Insurance Cash Surrender Value	\$ _____		
Notes payable to you (Please state terms)	\$ _____ _____	Other Liabilities (Please describe):	\$ _____
			\$ _____
			\$ _____
Other Assets (Please describe):			
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____

B. MONTHLY INCOME (Anticipated as a Resident of Pilgrim Place)

	<u>APPLICANT</u>	<u>SPOUSE/PARTNER</u>
Social Security	\$ _____	\$ _____
Other Pension/Retirement		
Income	\$ _____	\$ _____
Annuities	\$ _____	\$ _____
Trust Funds	\$ _____	\$ _____
Savings	\$ _____	\$ _____
Investments	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total(s)	\$ _____	\$ _____

Does Pension/Retirement Income Provide For Cost-Of-Living Increases?
 _____ Yes _____ No _____ Yes _____ No

How Much Life Insurance Do You Own?
 \$ _____ \$ _____

Beneficiary Name(s):

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

	<u>APPLICANT</u>	<u>SPOUSE/PARTNER</u>
Mortgages	\$ _____	\$ _____
Other Loans	\$ _____	\$ _____
Maintenance of an adult child or other dependent (please specify)	\$ _____	\$ _____
Insurance Premiums	\$ _____	\$ _____
Health _____		
Automobile _____		
Homeowners _____		
Umbrella _____		
Long Term Care _____		
Other _____		
Private Duty Aides, Companions, Assistants	\$ _____	\$ _____
Prescription Drugs	\$ _____	\$ _____
Other Monthly Expenses:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL(S)	\$ _____	\$ _____

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 _____

E. FINANCIAL ADVISOR:

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

F. 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.