

	<b>ANTONINE VILLAGE</b> <b>Administration</b> <b>Form</b>	<b>Code: ADM-FR-6</b>	<b>Page 1 of 1</b>
	<b>Confidential Financial Information</b>	<b>Approval date:</b> <b>12/01/2014</b>	<b>Revision date:</b> <b>1/16/2020</b>

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

While Antonine Village does not require full disclosure of your estate value, we do ask that you provide assurance of sufficient funds to cover your living expenses for the duration of your stay here.

### Assets

Checking Account – Bank \_\_\_\_\_ \$ \_\_\_\_\_  
 Saving Account – Bank \_\_\_\_\_ \$ \_\_\_\_\_  
 Real Estate: \_\_\_\_\_ \$ \_\_\_\_\_  
 Life Insurance \_\_\_\_\_ \$ \_\_\_\_\_  
 Stock/mutual funds/Bonds \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

### Liabilities:

	Payment per month	
Home Mortgage	\$ _____	\$ _____
Auto Loan	\$ _____	\$ _____
Loans on Stocks & Bonds	\$ _____	\$ _____
Other Loan (medical bills ...)	\$ _____	\$ _____

### Income Sources:

	Amount	Annual total
Social Security	\$ _____	\$ _____
Pensions	\$ _____	\$ _____
Annuity	\$ _____	\$ _____
Trust	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____
Other	\$ _____	\$ _____
	<b>Total</b>	\$ _____

I hereby certify that to the best of my knowledge and belief, the information provided above is true, correct and complete. I understand and agree that it is my responsibility to pay the Antonine Village as indicated in the admission agreement from the funds to which I have legal access and that I have been given a copy of fee and charges for the Facility's services. I further understand that if any of the information has been falsely represented, this will be sufficient cause for voiding my application for admission. All information contained in this application will kept confidential.

Resident signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Responsible Party signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Facility Representative Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_