



Please complete the following concerning your financial situation with accuracy, rounded to the nearest hundred dollars

	Applicant	Spouse
<b>Income:</b>		
Total monthly Pension	\$ _____	\$ _____
Monthly Social Security	\$ _____	\$ _____
Monthly Interest Income	\$ _____	\$ _____
Monthly Dividend Income	\$ _____	\$ _____
Monthly Investment Property (Rent)	\$ _____	\$ _____
VA Benefit	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>Assets:</b>		
Savings Accounts	\$ _____	\$ _____
Checking Accounts	\$ _____	\$ _____
Stocks/CD's/Bonds	\$ _____	\$ _____
Personal Home (Assessed Value)	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____
IRA's	\$ _____	\$ _____
Various Tax Shelters	\$ _____	\$ _____
Cash Value Life Insurance:	\$ _____	\$ _____
Automobile / Motorhome	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>Total amount of all assets:</b>	\$ _____	\$ _____

**Revocable Trust:** Yes / No **Irrevocable Trust:** Yes/ No **Burial Trust:** Yes/ No **Funeral Home:** Yes/ No  
**Transfer of assets & gifts within the last Five Years, valued at \$2000 or more, including your home:**

Assets transferred	\$ Amount/Value	Date of Transfer	Receiver Name

You may be asked to provide copies of bank and/or investment account statements to verify assets; the first two pages of your most recent IRS Form 1040, the interest and dividend schedule from your most recent income tax return; or records of gifts in excess of \$2000 made within last five years. Seneca Hill Manor reserves the rights to conduct credit checks

**Important Notice:** Seneca Hill Manor relies on the information disclosed in this profile in making decisions regarding admission. If you are unable to pay the cost of care because you gave away income of assets (legal or otherwise), you may be discharged if you are unable to pay for services. As a prospective resident, you should be aware that public funding of your stay is NOT guaranteed. That decision is made by the Department of Social Services (DSS) and not by the Seneca Hill Manor.

I attest that the information reported on this form is true and accurate. I understand that Seneca Hill Manor is entitled to rely on the information disclosed on this profile in making the decisions regarding admission. I agree to advise Seneca hill Man of any changes to the asset, liability or income information supplied on this form to or after admission.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Submitting an application does not guarantee admission, nor does it mean applicant will be automatically placed on waiting list. Placement is only offered after an application is fully reviewed by the Director of Admissions and is approved for admission.  
**STATE AND FEDERAL LAWS PROHIBIT DISCIMINATION IN ADMISSION, RETNENTION AND CARE OF RESIDENTS ON THE BASIS OF RACE, CREED, COLOR, BLINDNESS, MARITAL STATUS, PHYSICAL HANDICAP, NATIONAL ORIGIN, SEX, SEXUAL PREFERENCE OR SPONSOR.**