



2849 Big Road, Route 73  
Frederick, PA 19435  
Phone: 610-754-7878  
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## Financial Update

### Applicant #1

Name \_\_\_\_\_ Gender M F Date of Birth \_\_\_\_\_

Marital Status: Single Married Widowed Divorced

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Applicant #2

Name \_\_\_\_\_ Gender M F Date of Birth \_\_\_\_\_

Marital Status: Single Married Widowed Divorced

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

Insurance Information - Specify which types of insurance are currently held: (Attach copies of medical cards)

Medicare? Yes No ID Number \_\_\_\_\_

Hospitalization? (Part A) Yes No Medical? (Part B) Yes No

Co-insurance? Yes No Name of Company \_\_\_\_\_

Secondary? Yes No Name of Company \_\_\_\_\_

Other Health and/or Co-insurance coverage? Yes No Name of Company \_\_\_\_\_

Prescription Insurance? Yes No

Medical Assistance? Yes No

Medical Assistance # \_\_\_\_\_ County \_\_\_\_\_ Expiration Date \_\_\_\_\_

## Financial Statement

Please provide copies/documentation for the following information:

Assets	Joint	Applicant #1	Applicant #2
<b>Primary Residence</b> Current Market Value			
Mortgage Balance			
Home Equity Lines of Credit			
Name under which residence is deeded			
<b>Other Real Estate -</b> Current Market Value-Loans			
<b>Savings Account Balance</b>			
<b>Checking Account Balance</b>			
<b>Money Market Account Balance</b>			
<b>Certificate of Deposit Value</b>			
<b>Stock Values</b>			
<b>Mutual Funds</b>			
<b>Bonds/Bond Values</b>			
<b>IRA/401 (k) Values</b>			
Distribution Amount			
<b>Annuity Value</b>			
<b>Trust Account Value</b>			
Is this irrevocable?	YES    NO		
Is this available for your care?	YES    NO		
<b>Life Insurance -</b> Cash Surrender Value			
Burial Reserve			
Other Assets Please describe			
Other Assets Please describe			
Other Assets Please describe			

Have you transferred or divested any assets not listed above with a value exceeding \$10,000? YES    NO  
If yes, please list details below.

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Monthly Income	Joint	Applicant #1	Applicant #2
<b>Social Security</b>			
<b>Pension</b> -What portion of your pension will remain for your spouse in the event of your death?			
<b>IRA/401 (k) Distribution</b>			
<b>Regular Annuity Payments</b>			
<b>Other Income –</b> Please Describe			
<b>Other Income -</b> Please Describe			

## Financial Statement

**Please provide copies/documentation for the following information:**

Annual Expenses	Joint	Applicant #1	Applicant #2
<b>Insurance Premiums</b>			
Auto			
Health			
Life			
Long-Term Care			
Medicare Part D			
Prescriptions			
<b>Car Payment</b>			
<b>Travel</b>			
<b>Entertainment</b>			
<b>Gifts</b>			
<b>Other Expenses –</b> Please Describe			
<b>Other Expenses –</b> Please Describe			

Do you have Long-Term Care Insurance? YES NO

If YES, please provide a copy of the policy.

Any other outstanding debt? (Credit Cards, loans, etc.)

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Do you have a Durable Power of Attorney? Yes No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_