



CARRIAGE HILL
ASSISTED LIVING

Personal Financial Statement (PFS)

Applicant Name: _____ Date of Birth: _____

Home Address: _____

Phone: (____) _____ Marital Status: _____

If married, is this an: Individual PFS Joint PFS

Income and Expenditures Statement for the Year Ended: _____

Annual Income	Amount (\$)	Annual Expenditures	Amount (\$)
Salary, Retirement or Other Income (Applicant)		Mortgage Payments – Personal Real Estate	
Salary, Retirement or Other Income (Spouse)		Mortgage Payments – Investment Real Estate	
Rental Income		Property Taxes – Personal Real Estate	
Interest Income		Property Taxes – Investment Real Estate	
Dividend Income		Rental Payments	
Investment Income		Federal/State Income or Other Taxes	
Other Income		Interest & Principle Payments on Loans (credit cards, autos, etc.)	
		Alimony	
		Living Expenses	
		Medical Expenses	
		Other Expenses	
TOTAL INCOME		TOTAL EXPENSES	

Assets and Liabilities as of ____/____/____

Assets	Amount (\$)	Liabilities	Amount (\$)
Cash		Accounts Payable (i.e. credit cards)	
US Government Securities		Real Estate Taxes Payable	
Other Securities		Income Taxes Payable	
Accounts/Loans Receivable		Life Insurance Loans	
Cash Surrender Value of Life Insurance		Personal Real Estate Mortgage Debt	
Personal Real Estate		Investment Real Estate Mortgage Debt	
Investment Real Estate		Loans Payable (i.e. vehicle loans)	
Retirement Accounts		Other Liabilities	
Deferred Income (Number of Years Deferred: _____)			
Personal Property			
Other Assets			
TOTAL ASSETS		TOTAL LIABILITIES	

Do you have long term care insurance? Yes No