

HOMECREST FOUNDATION

Benevolence Request Financial Information

Applicant's Name: _____ Date: _____

INFORMATION ABOUT ASSETS AND LIABILITIES

Assets

Checking accounts	\$ _____	
Savings accounts	\$ _____	
Securities (market value)	\$ _____	
Residence (market value)	\$ _____	
Other assets (property, insurance, etc.)	\$ _____	
Total assets		\$ _____

Liabilities

Unpaid bills, Credit Cards (list):		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Mortgage	\$ _____	
Other loans	\$ _____	
Total liabilities		\$ _____

SOURCES OF MONTHLY INCOME AND/OR RECEIPTS

Insurance that may help with your care	\$ _____	
Pension income	\$ _____	
Social Security	\$ _____	
Spouse income, pension and Social Security	\$ _____	
Other income (Please describe)		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Other assistance (Churches, C.S. Associations, etc.)	\$ _____	
Total Monthly Income and/or Receipts		\$ _____

SUMMARY OF MONTHLY EXPENSES

Mortgage	\$ _____	
Rent	\$ _____	
Utilities	\$ _____	
Homeowner/Renter Insurance	\$ _____	
Car Insurance	\$ _____	
Long Term Care Insurance	\$ _____	
Percent related directly to nursing care: _____%		
Please describe: _____		
Other expenses	\$ _____	
Total Monthly Expenses		\$ _____

APPLICANT SIGNATURE _____ Date: _____

INCOME TAX INFORMATION

Did you file tax returns for either or both of the last two years? Yes No

If yes, please attach copies of these returns

PLEASE UNDERSTAND THAT YOUR APPLICATION CANNOT BE PROCESSED UNLESS THE PERTINENT FINANCIAL DATA HAS BEEN RECEIVED AS OUTLINED ABOVE.

Is there any other information which you believe will be of benefit to evaluate this application? Please attach a separate sheet of paper.

RETURN COMPLETED APPLICATION TO:

Homecrest Foundation

P.O. Box 405

Geneva, Illinois 60134