

The Sequoias San Francisco

The Sequoias Portola Valley

The Tamalpais Marin

**FINANCIAL REPORT**

**Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Are you eligible for a veterans benefit from the U.S. or another country?** Yes  No

**If other than U.S. indicate which country:** \_\_\_\_\_

**Veterans Benefit Number:** \_\_\_\_\_

All financial information presented on this report will be maintained in confidence by Sequoia Living. This form is required for applicants in order to provide evidence of sufficient assets and income to meet the Monthly Care Fees and personal needs at the time of application, admission, and during residency. When assets and investments are held separately, each person must complete a Financial Report.

**CASH ASSETS**

Type Account (Savings) (Checking)	Institution (Name)	Interest Rate	Current Value	Annual Income
<b><u>TOTAL CASH:</u></b>			\$	\$

**INVESTMENTS (NOT IN TRUST)**

Type Security	Corporation/Institution	Number Shares/Face Value Bond	Current Value	Annual Income
<b><u>TOTAL INVESTMENTS:</u></b>			\$	\$

**TRUSTS**

Type	Trustee/Institution	Duration of Trust	Total Value	Annual Income
<b>Revocable</b>				
<b>Irrevocable</b>				
<b>Family</b>				
<b>Insurance</b>				
<b>Other</b>				
<b><u>TOTAL:</u></b>			\$	\$

Are there beneficiaries other than the applicant? Yes  No

If there are two applicants, does any trust benefit only one of you? Yes  No

Identify: \_\_\_\_\_

Do you have the right to withdraw principal from either the revocable or family trust? Yes  No

**Retirement income/annuities for (name):** \_\_\_\_\_

Type	Organization/Institution	Current Value	Benefits to Surviving Spouse (if any)	Annual Cost of Living Adjustment	Annual Income
Retirement					
Social Security					
Annuity					
TSA					
IRA					
Other					
<b><u>TOTAL:</u></b>					<b>\$</b>

If two parties of couple have separate retirement incomes, please also fill in the following box:

**Retirement income/annuities for (name):** \_\_\_\_\_

Type	Organization/Institution	Current Value	Benefits to Surviving Spouse (if any)	Annual Cost of Living Adjustment	Annual Income
Retirement					
Social Security					
Annuity					
TSA					
IRA					
Other					
<b><u>TOTAL:</u></b>					<b>\$</b>

**OTHER INCOME/ASSETS**

Type	Organization/Institution	Current Value	Annual Income
Business			
Notes Receivable			
Life Insurance			
Other			
<b>TOTAL:</b>		\$	\$

**REAL ESTATE**

Type	Location	Mortgage Payable	Annual Expense	Current Value	Annual Income
<b>TOTAL:</b>				\$	\$

Are you the sole owner(s) of properties listed? Yes  No

Are there any liens, judgments, or claims against the properties listed? Yes  No

If so, please detail: \_\_\_\_\_

**LIABILITIES**

Type	Balance Due	Term	Interest Rate	Annual Payment
<b>TOTAL:</b>				<b>\$</b>

Are you contingently liable for any endorsements, guarantees, or taxes? Yes  No

If yes, please detail: \_\_\_\_\_

**Total Assets** (total assets noted above): \$ \_\_\_\_\_

**Total Annual Income** (total annual income noted above): \$ \_\_\_\_\_

**Type of Unit Desired** (1<sup>st</sup> choice): \_\_\_\_\_

**Monthly Care Fee:** \$ \_\_\_\_\_

**Type of Unit Desired** (2<sup>nd</sup> choice): \_\_\_\_\_

**Monthly Care Fee:** \$ \_\_\_\_\_

**Total Assets:** \$ \_\_\_\_\_

**Total Annual Income:** \$ \_\_\_\_\_

**INDEPENDENT LIVING (IL) ESTIMATED EXPENSES AFTER RESIDENCE**

(Current dollars)

<b>Type</b>	<b>Comments</b>	<b>Annual Expense</b>
<b>Personal</b>		
<b>Taxes</b>		
<b>Medical</b>		
<b>Travel/Auto</b>		
<b>Telephone</b>		
<b>Insurance</b>		
<b>Contributions</b>		
<b>Dependents</b>		
<b>Other</b>		
<b>Other</b>		
<b>Other</b>		
<b>Other</b>		
<b>Other</b>		
<b>Other</b>		
<b>Other</b>		
<b>Monthly Care Fee</b>		
<b>TOTAL EXPENSES:</b>		<b>\$</b>

I/we represent that all of the assets listed above are and will remain available to pay for my/our housing, care, and services at Sequoia Living.

I (we) agree, if necessary, to use my (our) principal to maintain payments under the Care Agreement, and that in order to preserve sufficient assets during my (our) lifetime to any person unless I (we) have retained in my (our) name(s) enough assets to pay monthly fees and other charges for the duration of my (our) residence in Sequoia Living.

During the time of my (our) residency, Sequoia Living may request an updated Financial Report. I (we) agree to provide the information requested.

I certify that the foregoing is a true statement and is submitted for the purpose of obtaining admission and is to be relied upon.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_