

Power of Attorney (financial): _____ Phone #: _____

Power of Attorney (health care): _____ Phone #: _____

Physician: _____ Phone #: _____

In Emergency Notify:

Name: _____ Relationship: _____

Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Alternate Contact:

Name: _____ Relationship: _____

Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Alternate Contact:

Name: _____ Relationship: _____

Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Please attach financial profile and return to:

**Nicole Pretre
Director of Independent Living
113 Cedar Ridge Drive
West Bend, WI 53095
262.338.2811**

**Cedar Community
Application for Residency
Confidential Financial Profile Statement**

Name _____ Date _____

Name of Spouse (if residing together) _____

Present Address _____

Present Telephone Number: (____) _____

Location under consideration:

Cedar Ridge Cedar Lake Village Homes Cedar Landing Village Homes

Complete the appropriate blanks concerning your financial situation, rounded to the nearest hundred dollars. Please note: this profile assumes a single individual or a couple with joint assets, liabilities and income. If some of the assets, liabilities and income are held jointly and some are held separately, please list the separate items in the space to the right of the numbers. If applying for residency as a couple with separate assets, liabilities and income please complete a separate financial profile.

Assets: Current Assets:

*Cash on hand	\$ _____
*Savings Accounts	\$ _____
*Checking Accounts	\$ _____
*Stocks/CDs	\$ _____
*Bonds	\$ _____

Long Term Assets:

*Personal Home-Assessed Value	\$ _____
*Other Real Estate	\$ _____
*I.R.A.'s	\$ _____
*Various Tax Shelters	\$ _____
*Cash Value Life Insurance	\$ _____
*Business (Interest Owned)	\$ _____

Other Holdings:

*Pension Plan	\$ _____
*Profit Sharing Plan	\$ _____
*(List Others) _____	\$ _____

Total Amount of All Assets	\$ _____
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(Please complete other side)

Liabilities:

*Mortgages \$ _____
 *Land Contracts Amount Owing \$ _____
 *Alimony/Child Support \$ _____
 *Total Outstanding Loans \$ _____
 *Credit Card Amount Due \$ _____
 *Business Interest Indebtedness \$ _____
 *(List Others) _____ \$ _____

Total Amount of All Liabilities Listed \$ _____

Monthly Income:

*Total Monthly Pensions \$ _____
 *Monthly Social Security \$ _____
 *Monthly Interest Income \$ _____
 *Monthly Dividend Income \$ _____
 *Monthly Investment Property
 Income (Rent) \$ _____
 *V.A. Benefits \$ _____
 *(List Others) _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total Monthly Income \$ _____

Cedar Community may ask for the following information:

- Copies of bank and/or investment account statements to verify assets
- Copies of the first two pages of your most recent IRS Form 1040
- Copies of the Interest and Dividend schedule from your most recent tax return

Cedar Community reserves the right to conduct credit checks

Please list the names and addresses of financial institutions you work with:

I/we attest that the information reported on this form is true and accurate. I/we understand that Cedar Community is entitled to rely on the information disclosed on this profile in making decisions regarding admission to Cedar Community. I agree to advise Cedar Community of any changes to the asset, liability or income information supplied on this form prior to or after admission.

Resident Signature: _____ Date: _____

Resident Signature: _____ Date: _____