



The Summit

at Brighton

Life Care Senior Living

CONFIDENTIAL DATA APPLICATION
FINANCIAL INFORMATION FORM

THE SUMMIT AT BRIGHTON
2000 SUMMIT CIRCLE DRIVE
ROCHESTER, NY 14618
(585) 442-4500

**CONFIDENTIAL DATA APPLICATION
FINANCIAL INFORMATION FORM**



The Summit
at Brighton

NAME: First Person _____

Telephone #: _____

ADDRESS: _____
Street City State Zip

MARITAL STATUS: Single Married Widowed SOCIAL SECURITY # _____ - _____ - _____
Relationship

NAME: Second Person _____ to First Person _____

MARITAL STATUS: Single Married Widowed SOCIAL SECURITY # _____ - _____ - _____

ASSETS (Note: If Jointly owned enter under First Person and designate with a "J")

	<u>First Person</u>	<u>Second Person</u>
1. Equity in Residence (Estimated Value less Mortgage)	\$ _____	\$ _____
2. Savings & CDs	\$ _____	\$ _____
3. Stocks & Bonds	\$ _____	\$ _____
4. Trusts & Estate Equities available for use	\$ _____	\$ _____
5. Other Real Estate Equities	\$ _____	\$ _____
6. Other _____ Please Define	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____
Less Entrance Fee		\$(_____)
TOTAL COMBINED ASSETS	\$ _____	

MONTHLY INCOME (Note: If either person has survivor benefits, indicate by entering the percentage after filling in the monthly amount)

7. Social Security	\$ _____	\$ _____
8. Pension/Retirement Income	\$ _____	\$ _____
9. Savings & CDs	\$ _____	\$ _____
10. Stocks & Bonds	\$ _____	\$ _____
11. Trust & Estate Equities	\$ _____	\$ _____
12. Other _____ (Please Define)	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____
TOTAL COMBINED INCOME	\$ _____	

Please list any Debts (i.e. Mortgage) or Liabilities in excess of \$5,000.

_____	\$ _____
_____	\$ _____
_____	\$ _____

Please include any comments regarding the Financial Information listed.

(Please identify line item #) _____

Please give name, address and telephone of children or nearest relatives.

1. _____
2. _____

I understand that prior to accepting this application, the Approval Committee may request additional information concerning my finances. I hereby declare that all statements made herein and other information provided are true according to my best knowledge and belief, in witness thereof I have hereto set my hand to this application this day _____ of _____, 20 ____.

First Person

Second Person

FOR OFFICE USE ONLY:		1st Person	2nd Person
Unit # _____	Entrance Fee	\$ _____	\$ _____
	Residential	\$ _____	\$ _____
	Life Care	\$ _____	\$ _____
	Garage Fee	\$ _____	\$ _____
Type of Apartment _____	TOTAL	\$ _____	\$ _____
_____	Monthly Fee	\$ _____	\$ _____
Retirement Counselor Preparing this Form: _____			