



Confidential Financial Statement

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Call us today at **1-888-228-4500**
to hear how we can help you!

7529 Standish Place, Suite 300 | Rockville, MD 20855 | Family Line: (888) 228-4500 | Fax: (888) 228-4520

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COMMUNITY INFORMATION

Community State:		Community Name:	
Estimated Closing Date:		Desired Unit:	
Total Entrance Fee:	\$	2nd Person Fee:	\$
Deposit Made:	\$	Monthly Community Fee:	\$
Total Due at Close:	\$	Total Loan Amount:	\$

PERSONAL INFORMATION

Full Legal Name:		Home Phone:	
Spouse's Name:		Cell Phone:	
Email address:		Marital Status (Check one)	Married Unmarried Widowed
Street Address:		City/ Town, State, Zip Code:	
# Years lived at Address:		Rent or Own (Check One):	Rent Own
Estimated Value of Home:	\$		
Property Type (Check One)	Single Family Residence Condominium Townhome 2-4 Unit		

INCOME

	Payee	Source	Monthly Amount
Gross Salary/Pensions:			\$
			\$
Spouse's Gross Salary/Pension(s):			\$
			\$
Social Security:			\$
Spouse's Social Security:			\$
Dividend & Interest Income:			\$
			\$
Rental Property Income:			\$
Other Income List:			\$
			\$
			\$



ASSET INFORMATION			
	Institution Name	Account Type	Estimated Value
Checking/Savings			\$
			\$

INVESTMENT ASSETS		
Institution Name	List type of investment - annuity, IRA, stocks, bonds, T Bills, Mutual Funds, CDs etc.	Estimated Value
		\$
		\$
		\$
		\$
		\$

LIFE INSURANCE CARRIED			
Face Amount	Name of Company	Owner/Beneficiary	Cash Surrender Values

FINANCIAL OBLIGATIONS			
Type of Obligation	Financial Institution Name/Payee	Monthly Payment	Estimated Balance
Real Estate Mortgage(s)/Home Equity Line of Credit Payable:	1st Mtg:	\$	\$
	2nd Mtg:	\$	\$
Real Estate Taxes Payable (Primary Residence Only):		N/A	Annual Amt: \$
		N/A	Annual Amt: \$
HOA Fees/Dues:		N/A	Annual Amt: \$
Home Owners Insurance:		\$	\$
Notes Payable - Auto Loan(s):		\$	\$
Notes Payable - Banks			
Total Credit Cards/Other Debt:			
Other Real Estate Owned			

Signature: _____ **Date:** _____