



Financial Questionnaire
Bethany Home Assisted Living

All Information provided will be held confidential

Regular Monthly Income

	First Person	Second Person
Social Security	\$	\$
Pension	\$	\$
Dividends	\$	\$
Interest	\$	\$
Mortgage/Rental Income	\$	\$
IRA Income	\$	\$
Trust Income	\$	\$
Long Term Care Insurance	\$	\$
Other Income	\$	\$
Total Monthly Income	\$	\$

Capital Assets

	First Person	Second Person
Cash (Savings & Checking)	\$	\$
CD's, Money Market, etc	\$	\$
Stocks and Bonds	\$	\$
IRA's, Annuities, etc	\$	\$
House	\$	\$
Other Real Estate	\$	\$
Trust Fund	\$	\$
Life Insurance	\$	\$
Other Assets	\$	\$
Total Assets	\$	\$

I hereby declare that all statements made herein are true according to my best knowledge and belief. In witness whereof, I have set my hand to this application this _____ day of _____ 20____.

Resident's Name (Print)

Signature of 1st Person or DPOA

Signature of 2nd Person or DPOA

Please return the completed form to Skylar Hanson, Operator, Bethany Home Assisted Living, 821 E. Swensson, Lindsborg, KS 67456. For questions or more information call 785-227-8331.

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