



HOPEWELL
FINANCIAL APPLICATION

Proposed Resident Date _____

Family Member

Name (of financial applicant) _____

Name of Resident (if different than above) _____

Address (of financial applicant) _____

City _____ State _____ Zip _____

Phone _____ Cell phone: _____ Email _____

Instructions: Complete the following:

Financial information Page 2

Cash flow statement Page 3

Explanations and other questions Page 4

Please include copies of your federal tax returns for the last two years with completed application.

Consult your tax advisor regarding a deduction for part of Hopewell's fees.

All information obtained by Hopewell will be held in strict confidence

HOPEWELL
Financial Information

Value

Date: _____

Property owned:

A. Liquid assets

1. Cash and checking accounts _____

2. Savings accounts, money market funds, certificates of deposit _____

B. Stocks and bonds

1. Closely held corporations _____

2. Listed securities _____

3. U. S. Government securities _____

C. Real estate _____

D. Life insurance - cash value _____

E. Unincorporated business or partnership interests _____

F. Pension and/or profit sharing plans _____

G. Miscellaneous, provide details on page 4 _____

(i.e. household goods, collections, jewelry, furs, automobiles, boats, leasehold, copyrights, patents, etc.)

Total property owned _____

Debts owed:

H. Residential mortgage/home equity loan _____

I. Credit card debt _____

J. Other obligations, provide detail on page 4 _____

Total debts _____

Excess of property over debts _____

Please provide any explanation on page 4

HOPEWELL
Financial Information

Cash inflow

A. Income from employment

B. Other cash inflows, provide details on page 4

Total cash inflow

Cash outflow

C. Housing

D. Food

E. Clothing

F. Transportation

G. Education

F. Taxes

G. Insurance

F. Medical

G. Debt repayment

H. Entertainment and recreation

I. Other, provide details on page 4

Total cash outflow

Cash flow available to support resident at Hopewell

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Please provide any explanation on page 4

