



**PRELIMINARY INFORMATION**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Interested In:  Ashland Manor  
 Olde Towne Manor  
 New Hope Manor  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender:  (M) -  (F) Any Special Needs:  Yes  No F/T Student:  Yes  No  
 Tentative Sect. 8:  Yes  No

Move-In Date: \_\_\_\_\_

**\*No Pet Policy\***  
 (Except A Service Dog As Defined  
 By The ADA March 2011)

|                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Race/Ethnicity:</b><br><input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> American Indian/<br>Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> Native Hawaiian/<br>Other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> I Decline To Provide |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

✓

**Income Verification**

Employment (Gross Wages/Yr.): \$ \_\_\_\_\_  
 Unemployment/Welfare: \$ \_\_\_\_\_  
 Social Security (Gross Amt./Yr.): \$ \_\_\_\_\_  
 Pension (Gross Amt./Yr.): \$ \_\_\_\_\_  
 I.R.A. (R.M.D/Yr.): \$ \_\_\_\_\_

Income Sub-Total: \$ \_\_\_\_\_

**Asset(s) Verification\***

| <u>Qty.</u>                                  | <u>Balance/Value</u> | <u>Int. Rate</u> | <u>Int./Dividends Income</u>       |
|----------------------------------------------|----------------------|------------------|------------------------------------|
| <input type="checkbox"/> Checking Acct(s):   | \$ _____             | x _____ %        | = \$ _____                         |
| <input type="checkbox"/> Savings Acct(s):    | \$ _____             | x _____ %        | = \$ _____                         |
| <input type="checkbox"/> Money Mkt. Acct(s): | \$ _____             | x _____ %        | = \$ _____                         |
| <input type="checkbox"/> Cert(s) Of Deposit: | \$ _____             | x _____ %        | = \$ _____                         |
| <input type="checkbox"/> Annuity(ies):       | \$ _____             | x _____ %        | = \$ _____                         |
| <input type="checkbox"/> Bond(s):            | \$ _____             | x _____ %        | = \$ _____                         |
| <input type="checkbox"/> Stock(s):           | \$ _____             |                  | Dividends = \$ _____               |
| <input type="checkbox"/> Mutual Fund(s):     | \$ _____             |                  | Capital Gains/Dividends = \$ _____ |
| <input type="checkbox"/> Life Insurance:     | \$ _____             |                  | Dividends = \$ _____               |
| Int./Cap. Gains/Div. Sub-Total:              |                      |                  | \$ _____                           |

Real Estate: \$ \_\_\_\_\_ Appraised Value - OR -

Total Asset(s) Value: \$ \_\_\_\_\_ x 0.40 % = \$ \_\_\_\_\_  
 (Imputed Income)

**TOTAL ANNUAL INCOME: \$ \_\_\_\_\_**

\*Attach a separate sheet for any additional accounts

Instructions On Reverse Side →

## INSTRUCTIONS

Please complete the entire sheet and return it either via fax to 215-295-5502 or U.S.P.S. to 9187 New Falls Road, Suite 203-L, Fallsington, PA 19054. Should you have any questions regarding any of the information required, please don't hesitate to contact our office at 215-295-1443, extension 11 for Marge Recca or extension 10 for Marilee Gillespie.

### 1. Income Verification:

- A. Employment – Please list the gross annual amount (including taxes) from a year ending paystub or W-2 Form.
- B. Unemployment/Welfare - Please list the gross annual amount (including taxes, if any). If an amount is received for a period of less than one year, please list both the actual length of time and amount.
- C. Social Security – Please list the gross annual amount (including the Medicare deduction, if applicable). At the end of every year, you receive a notice from the Social Security Administration advising you of your new benefit amount for the next year. If you don't have this form to reference, you can take the amount you receive each month, add the current Medicare deduction to it, then times this amount by 12 (months).
- D. Pension – Please list the gross annual amount (including any deductions taken for medical coverage, union dues, etc.). You may refer to a 1099 Form (if you receive one from the pension company) or take the amount you receive each month, add any deductions to it, then times this amount by 12 (months).

Add all above amounts together and enter that figure for the Income Sub-Total.

### 2. Asset(s) Verification:

- A. Checking, Savings, Money Market, Certificate(s) of Deposit, Annuities and Bond(s) – Please list the current balance or cash surrender value of each of these and their interest rate. Multiply each balance or value by their interest rate and list that amount under the Int./Dividends Income.
- B. Stocks and Mutual Funds – Please list their current value and either the total dollar amount of interest, dividends or capital gains earned last year (refer to a 1099 Form); or, the total dollar amount of interest, dividends or capital gains earned year-to-date (refer to a most recent investment company statement)
- C. Life Insurance – If you have the type of insurance that builds a cash value inside of it, please list that value. Typically, this type of insurance also pays dividends. Please list either the dividends you received last year (refer to a 1099 Form) or the value of the additional insurance protection they bought you (refer to most recent insurance company statement).

Add all the interest, dividends, and capital gains totals together and list that amount for the Sub-Total.

- D. Real Estate – If you have a formal real estate appraisal, please list that value. Otherwise, enter a value appropriate to what other similar homes in your neighborhood have recently been sold for.
3. Add together all the current balances/values in Section(s) 2 A-D above and list that amount for the Total Asset(s) Value.
  4. Multiply the Total Asset(s) Value by 0.06% and list that amount under the Int./Dividends Income.
  5. Whichever is the greater amount (either the Sub-Total from 2-A through 2-C –OR– the Total Asset(s) Value by 0.40% amount under the Int./Dividends Income); add it to the Income Sub-Total from 1 above to arrive at a TOTAL ANNUAL INCOME.