



APPLICANT'S FINANCIAL STATEMENT – Year _____

WVH–Chippewa Falls
2175 E. Park Ave.
Chippewa Falls, WI 54729
(715) 258-4252

WVH–King
N2665 County Rd. QQ
King, WI 54946-0600
(715) 258-5586 Fax (715) 256-3207

WVH–Union Grove
21425 G Spring St.
Union Grove, WI 53182
(262) 878-6702 Fax (262) 878-6778

APPLICANT'S NAME _____

COMMUNITY SPOUSE'S NAME (if applicable) _____

NOTE: If applicant spouse has a court-appointed guardian of the estate or activated Financial Power of Attorney, that guardian/agent must complete, sign and notarize this statement. Admission to Assisted Living Facilities requires applicant to attach copies of the last two months of bank statements and last two years of Federal tax returns.

STATEMENT OF PRESENT INCOME ON MONTHLY BASIS

	<u>Applicant</u>	<u>Comm. Spouse</u>
1. Interest on Mortgage Loans	\$ _____	\$ _____
2. Interest on Bank Accounts / Bonds / Securities / CDs	\$ _____	\$ _____
3. Dividends on Stocks	\$ _____	\$ _____
4. Income from Rents	\$ _____	\$ _____
5. Income from Pensions (V.A.)	\$ _____	\$ _____
6. Income from Pensions (Employment, etc.)	\$ _____	\$ _____
7. Income from Services Performed	\$ _____	\$ _____
8. Income from Social Security	\$ _____	\$ _____
9. Income from Insurance (Annuity, Endowment, etc.)	\$ _____	\$ _____
10. Income from any other source (state source)	\$ _____	\$ _____
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TOTALS	\$ _____	\$ _____

STATEMENT OF ASSETS AND LIABILITIES

(Including equities in properties to which other persons hold the title or part of the title.)

ASSETS

1. Real Estate - includes life estates (describe and give location)	\$ _____	\$ _____
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Assessed Value \$ _____ Mkt. Value \$ _____		
2. Vehicle(s) (describe) _____	\$ _____	\$ _____
3. Personal Property (of unusual value - describe) _____	\$ _____	\$ _____
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4. Securities, Bonds, Stocks _____	\$ _____	\$ _____
5. Mortgages (submit copy) _____	\$ _____	\$ _____
6. Bank Accounts - individual & joint (if joint, with whom?) _____	\$ _____	\$ _____
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a. Checking: Name of Bank(s) _____	\$ _____	\$ _____
b. Savings: Name of Bank(s) _____	\$ _____	\$ _____
c. Certificate(s) of Deposit: Name of Bank(s) _____	\$ _____	\$ _____
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7. Life Insurance (list <u>all</u> insurance, name of company(s), amounts)	\$ _____	\$ _____
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8. Funeral / Burial Accounts _____	\$ _____	\$ _____
9. Any Other Assets (describe) _____	\$ _____	\$ _____
10. Cash on Hand _____	\$ _____	\$ _____
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TOTALS	\$ _____	\$ _____

