

Have You Made Any Gifts in the Past FIVE Years?

ccc No

ccc Yes

If Yes, to whom was the gift made and what was the gift? Please provide proof of all gifts made. (I.e., copies of bank statements, checks and deposits).

Motor Vehicles:

- ccc Provide Make, Model and Year of Auto
- ccc Copy of auto registrations and title
- ccc Who=s name is the title under?
- ccc Fair Market Value of Auto (Kelly Blue Book Online)
- ccc Amount owed on the auto, if any

Married Individuals:

- ccc Provide copies of all monthly utility expenses: including mortgage, phone, home owner=s insurance, electric, gas, water, cable, etc.

Nursing Home Information:

- ccc Provide Name and Address of Facility
- ccc Provide date of admittance
- ccc Provide date paid through at the nursing home
- ccc The daily and monthly amount paid to the nursing home; provide copy of statement from nursing home
- ccc Amount in the resident patient=s account at the nursing home

Residence:

- ccc Provide name and address of residence and or hospital prior to admittance into facility going back to home ownership or apartment rental. Please include dates of residence or hospital stays.

Financial Accounts:

CCC Please provide the **value of ALL financial accounts/assets as of the date entering the nursing home or hospital**, whichever is earlier. Please provide proof of value.

CCC Provide **ALL** of the following in the name of the Applicant and/or spouse; held individually or jointly:

Savings, Checking, NOW, Money Market, Personal Needs Account, CD=s.
Please provide 12 months of statements from the date of admittance including the most current

CCC IRA=s, Keoghs, SEP=s and Annuities

CCC If Applicant or spouse has **closed an account within the past 36 months**, please provide statements with account numbers and statements showing the zero balance. Please provide statement showing where funds were deposited.

_____ Provide IRS tax returns for the past three years.

Social Security:

CCC Copy of Statement showing amount received of Applicant (also for spouse, if applicable) (not necessary if direct deposit)

Pensions:

CCC Copy of Statement showing amount received of Applicant (also for spouse, if applicable)

Annuities:

CCC Copy of Statement showing amount received of Applicant (also for spouse, if applicable)

CCC Please provide name of company, Purchase amount, Purchase date and monthly income amount, the annuitant and beneficiary names

CCC Please provide a copy of the annuity contract

Any Other Source of Income:

CCC Copy showing amount received by Applicant (also for spouse, if applicable). Provide how often paid and to whom it is paid. (Rental income)

Life Insurance Policies:

- ccc Please provide life insurance policies in the name of Applicant and/or spouse if applicable
- ccc Please provide name of company, face amount, cash value and policy number
- ccc Please provide the owner of the policy, beneficiary and copy of the first page of policy, if applicable

Stocks, Bonds:

- ccc Please provide list of stocks, bonds, savings bonds, T-Bills, coins, stamps, safety deposit box contents of the Applicant and/or spouse, if applicable. Please provide value as of date of admittance into nursing home or hospital whichever is earlier.

Real Estate:

- ccc **Does the Applicant or spouse own any real estate?**

ccc No ccc Yes

If Yes:

- ccc Please provide a copy of the Deed
- ccc Please provide a copy of the latest tax bill
- ccc If not homestead property, please provide fair market value of real estate.

- ccc **Has the Applicant or spouse sold any real estate in the last 5 years?**

ccc No ccc Yes

If Yes:

- ccc Please provide a copy of the Settlement Statement from the sale
- ccc Please provide a copy of the deposit of the proceeds from the sale.

- ccc **Has a Trust been created?**

ccc No ccc Yes

If Yes:

ccc Has the property been transferred into the Trust?

ccc **Is there a life estate in the property?**

ccc No

ccc Yes

If Yes:

ccc Provide copy of the deed

ccc **If renting property, please provide copy of rental contract or lease**