

***Pleasant Hill Village***  
**Financial Information**  
**Special Consideration Form**

NAME OF APPLICANT(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

SSN# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SSN# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**Pleasant Hill Village respects the privacy of each Applicant and will hold all personal and financial information in strictest confidence. The following information is required in order to assure that Applicants can maintain the Pleasant Hill Village Lease Agreement and adequately meet routine living expenses. Thank you for completing this form.**

I. AVAILABLE INCOME:

A. The principal sources and amounts of our income (other than assets) are as follows:

	Applicant 1	Applicant 2
1. Social Security	\$ _____	\$ _____
2. Trust or Pension	\$ _____	\$ _____
3. Interest Income	\$ _____	\$ _____
4. Dividend Income	\$ _____	\$ _____
5. Earned Income	\$ _____	\$ _____
6. Other	\$ _____	\$ _____

B. If a majority of your income is from other income, please provide additional information about each income-producing asset as follows:

1. \_\_\_\_\_  

Description	Value (Net of Debt)	Yearly Income
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Name, Address and Telephone of Institution or Location of Real Estate

2. \_\_\_\_\_  

Description	Value (Net of Debt)	Yearly Income
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Name, Address and Telephone of Institution or Location of Real Estate

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C. On our last Federal Income Tax Return, I (we) reported a total gross income of:

- |  |  |
|--|--|
| <input type="checkbox"/> Under \$15,000      | <input type="checkbox"/> \$25,000 - \$35,000 |
| <input type="checkbox"/> \$45,000 - \$55,000 | <input type="checkbox"/> \$15,000 - \$25,000 |
| <input type="checkbox"/> \$35,000 - \$45,000 | <input type="checkbox"/> \$55,000 or more    |

Applicant agrees to provide copies of US Tax Form 1040 if so requested by Pleasant Hill Village.

D. Life Insurance: Name of Company \_\_\_\_\_  
Face Value of Policy \_\_\_\_\_  
Cash Surrender Policy Value \_\_\_\_\_

E. Irrevocable Burial Trust: Yes ( ) No ( )

Name of Funeral Home \_\_\_\_\_  
Phone Number \_\_\_\_\_

F. Property: Own any property/ies: Yes ( ) No ( )

Location/s: \_\_\_\_\_

Is anyone living there: Yes ( ) No ( )

II. Any expenses that need to be considered: Amount and How Often, Please list

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. REFERENCES

A. Bank and Credit References:

1. \_\_\_\_\_  
Name and Address of Institution

\_\_\_\_\_  
Name of Officer or Contact

2. \_\_\_\_\_  
Name and Address of Institution

\_\_\_\_\_  
Name of Officer or Contact

B. Personal Trust Officer or Financial Manager

\_\_\_\_\_  
Name

\_\_\_\_\_  
Bank Relationship

**The undersigned hereby certify that the information provided above is true and accurate. I/We understand that this information will assist Pleasant Hill Village in determining whether the Applicant(s) have the financial ability to meet their monthly Residency Fee, at Pleasant Hill Village, on a continuing basis. The undersigning further authorize Pleasant Hill Village and it's agents to: verify any of the information furnished above: and, to obtain all relevant facts and records concerning the financial circumstances related above. The undersigned authorize any institution, mentioned on this form, to release information about the Applicant's finances upon request.**

\_\_\_\_\_  
Signature of Applicant 1 Date

\_\_\_\_\_  
Signature of Applicant 2 Date

**Office Use Area:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_