

SHERWOOD OAKS CONFIDENTIAL FINANCIAL APPLICATION

Date _____ Unit Type _____ No. _____ Standard 50% Plan 90% Plan

Applicant's Name _____ Applicant's Name _____

Address _____

Single Married Widowed Divorced

Pre-Retirement Occupation(s) _____

	<u>Applicant #1</u>	<u>Applicant #2</u>	<u>Names of Children or Relatives</u>
Date of Birth	_____	_____	_____ _____
Do you suffer from a chronic illness?	_____	_____	

	Fair Market Value	Assets	Monthly Income Applicant #1	Monthly Income Applicant #2
Real Estate	\$ _____	Social Security	\$ _____	\$ _____
Savings & CDs	\$ _____	Pension	\$ _____	\$ _____
IRA/Annuities	\$ _____	Annuity	\$ _____	\$ _____
Stocks	\$ _____	Interest	\$ _____	\$ _____
Bonds	\$ _____	Rental Income	\$ _____	\$ _____
Mutual Funds	\$ _____	Dividends	\$ _____	\$ _____
Other Investments	\$ _____	Other	\$ _____	\$ _____
Life Insurance Cash Value	\$ _____		\$ _____	\$ _____
Liabilities	\$ _____		\$ _____	\$ _____
Net Worth	\$ _____	Total Monthly Income	\$ _____	\$ _____
Will all assets revert to surviving spouse after death?			_____yes	_____no

Please enclose copies of your medical insurance cards and your most recent tax return.

I/We hereby declare that all statements made herein are true and complete according to my/our best knowledge and belief.

In witness whereof the applicant has signed this _____ day of _____ 201__.

Signature of first Applicant

Signature of second Applicant (if applicable)

Witness _____