Seniors on Broadway
Applicant Financial InformationWorksheet

APPLICANT NAME_____

CO-APPLICANT_____

Mailing address_____
Street Address City State Zip

Home phone # (____)_____-_____ Work phone # (____)_____-_____
Cell phone # (____)_____-_____

Please list all assets and their value:		**Please list the annual income received from your assets:**	
Real Estate:	$_____	Real Estate:	$_____
Savings:	$_____	Savings:	$_____
Checking	$_____	Checking	$_____
CD's	$_____	CD's	$_____
Other	$_____	Other	$_____
Other	$_____	Other	$_____
Total Value Of all assets	**$_____**	**Total Income from Assets**	**$_____**

What is the estimated **GROSS annual income** of applicant and co-applicant from:

Applicant		**Co-Applicant**	
Social Security	$_____	Social Security	$_____
Employment	$_____	Employment	$_____
SSI	$_____	SSI	$_____
Pensions	$_____	Pensions	$_____
Annuities	$_____	Annuities	$_____
Other	$_____	Other	$_____
IRA	$_____	IRA	$_____
Total	**$_____**	**Total**	**$_____**

Applicant		**Co-Applicant**	
Stocks	**$_____**	**Stocks**	**$_____**
Bonds	**$_____**	**Bonds**	**$_____**
Securities	**$_____**	**Securities**	**$_____**
Trust fund	**$_____**	**Trust fund**	**$_____**
Whole Life Ins.	**$_____**	**Whole Life Ins.**	**$_____**

Have you disposed of or given away any asset(s) for less than fair market value in the last two years? _____Yes _____No If Yes, Please explain:
_____
_____

Thank you. Please return with your application.

Applicant_____ Date_____

Co-Applicant_____ Date_____

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