NAME(s): (Please Print):		
Date of Financial Disclosure: _		

MONTE VISTA GROVE HOMES
2889 San Pasqual St.
Pasadena, CA 91107
(626) 796-6135
(626) 796-9753 FAX
www.mvgh.org

CONFIDENTIAL FINANCIAL DISCLOSURE STATEMENT

This Financial Disclosure Statement is requested as part of the approval process and will be kept confidential (we may request an updated form before selecting a unit).

This financial information is helpful in determining the appropriate unit on campus given your resources and the level of financial assistance if needed. It will also help facilitate a discussion about your long-term care financial needs.

This form also includes a few questions about your charitable contributions. A significant part of the Monte Vista Grove Homes Operating and Capital budgets depend on resident participation. Residents are encouraged to contribute to the Annual Giving (Founders Circle), Planned Giving (Cornerstone Society), and any other fundraising activities that support both Operations and Capital needs. Full participation in the contribution aspect of Monte Vista Grove Homes enables housing and services to continue at below-cost rates.

Monte Vista Grove Homes encourages applicants to plan responsibly for their long-term care needs. This includes acquiring or maintaining a long-term care insurance policy if possible and setting aside a lump sum that can be drawn upon for these needs.

Every effort is made to assist with financial hardship for qualified residents. Residents who enter under the Secondary Waiting List are not eligible for financial assistance with the exception of those that meet all the criteria to be on the Primary Waiting List but have 10-15 years of service. Residents in need will be expected to limit discretionary spending (i.e. trips, support of children/grandchildren, etc.) and scale back on charitable and personal gifts in order to live within the resources they have available. Monte Vista Grove Homes reserves the right to limit the size of a unit for individuals or couples who qualify for financial assistance.

If your financial picture changes significantly after completing this form, please review the situation with the CEO or complete and submit a new Statement.

Please answer all questions and sign the last page. Retain one copy for your records and return the other, sealed in the enclosed envelope, to the CEO of Monte Vista Grove Homes.

*"Spouse" is defined as the person to whom a qualifying individual is legally married or is registered as a State of California Registered Domestic Partner (DP) at the time of admission to MVGH.

SNF License #97000086

RCFE License # 191222411

5. I have Long T	erm Care Insurance:	Yes [] No []
c. I have _ Pension	as a Medicare Supps.	olement instead of Board of
b. I have a	Medicare Supplement with the Board	l of Pensions: Yes [] No []
a. I have _	instead of Traditio	nal Medicare.
2. I have (or will Medicare: Yes [have once retired) a <u>Traditional</u> (non	-HMO or Advantage Plan)
If not eligi	ble for Social Security/Medicare, plea	se explain:
	o. Other	\$
	n. Withdrawals from reserves	\$
	m. Assistance from family	\$
	1. Business Income	\$ \$
	other retirement plan k. Rental Income	\$
	j. Withdrawal from IRA and/or	\$
	i. Interest or Dividends	\$
	g. 403b h. Annuity Payments	\$ \$
	f. 401(k)	\$
	pension	\$
	d. Social Security (spouse/wife) e. Board of Pensions or other	\$
	c. Social Security (spouse/husband)	\$
	b. Salary (spouse/wife - if applicable)	\$ \$
	a. Salary (spouse/husband - if applicable)	

ASSETS SUMMARY

For a couple, this is to be a joint statement including all items listed below, regardless of whose name they are in. Assets to be listed include value of major gifts and/or assets placed in trust since the date of the original application for residency. All assets should be listed at current values; estimate where necessary and round to the nearest hundred. Supporting documentation may be requested.

	A.	Monetary Assets	
Cash on hand (exceeding \$1,000)	\$_	Retirement Savings:	\$
Deposits with Financial Institutions:		IRA(s), 401(k), 403(b) Plan(s)	\$
Checking Account(s)	\$_	Other Retirement Plan	\$
Savings/Money Market Account(s)	\$_	Retirement Annuities	\$
Certificates of Deposit	\$_	Other	\$
Bonds	\$_	Investments	\$
Stocks	\$_	Revocable Living Trust	\$
Mutual Funds	\$_	Notes/Loan Receivable	\$
		A. TOTAL	\$
	I	3. Other Assets	
		Value of gifts and/or assets	
Real Estate:		placed in Irrevocable Trust	
		11	\$
Personal residence	\$_	Explain:	
Other real property (explain)	\$_		
Personal Property exceeding		Other substantial transfers of	
\$5,000 (include household goods,		assets to family or other	
automobiles, etc.)	ш.	organizations during previous	1 .
	\$_	5 years	\$
Cash Value of Life Insurance	\$_		
			\$
		C. Liabilities*	
Personal debts		Projected future tax on	
(which total over \$1,000)	\$_		\$
Mortgage(s)	\$_	Charitable pledges due	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$
Other Loans (auto, etc.)	\$_	Other*	\$
Income Taxes	\$_		
			\$
		mmary (Totals from A, B, & C)	
Monetary Assets (Section A)	\$_	Liabilities (Section C)	.'
Other Assets (Section B)	\$_	Overall Total (A+B-C)	\$

^{*}The support of children or grandchildren is not considered an expense in the calculation of financial assistance for the Entrance Fee, Building Fund contribution, Remodel expenses, or monthly fees and contributions.

AFFIRMATION STATEMENT

Signature	Date
Signature	Date
ADDITIONAL COMMENTS THAT W	
	LL BE HELPFUL IN REVIEWING YOUR FINANCIAL
	LL BE HELPFUL IN REVIEWING YOUR FINANCIAL
DISCLOSURE STATEMENT:	LL BE HELPFUL IN REVIEWING YOUR FINANCIAL
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