



Redstone Highlands[®]
Communities

**CONFIDENTIAL AND REQUIRED
RESIDENT FINANCIAL DISCLOSURE
FOR**

Name of Applicant (1st Person)

Date of Birth (1st Person)

Name of Applicant (2nd Person)

Date of Birth (2nd Person)

Today's Date

**FINANCIAL
REPORT**

Name(s) _____

ASSETS	ADDTL INFO/FINANCIAL INSTITUTION (Please do not include account numbers)			VALUE
REAL ESTATE	Jointly Owned? YES/NO			
REAL ESTATE	Jointly Owned? YES/NO			
CHECKING (PRIMARY)	INSTITUTION			
CHECKING (SECONDARY)	INSTITUTION			
SAVINGS (PRIMARY)	INSTITUTION			
SAVINGS (SECONDARY)	INSTITUTION			
CD	INSTITUTION			
CD				
STOCKS				
BONDS				
IRA				
ANNUITY				
BROKERAGE ACCOUNT (include cash, stocks, bonds)				
OTHER ASSETS	DESCRIPTION:			
TOTAL ASSETS				

INSURANCE POLICIES	ADDITIONAL INFORMATION (Please do not include account numbers)	VALUE
LIFE INSURANCE	BENEFICIARY	
LIFE INSURANCE	BENEFICIARY	
LONG TERM CARE INSURANCE	TOTAL VALUE OF POLICY	
LONG TERM CARE INSURANCE	TOTAL VALUE OF POLICY	

Name(s) _____

INCOME	MONTHLY
SOCIAL SECURITY 1st Person	
SOCIAL SECURITY 2nd Person	
PENSION 1st Person	
PENSION 2nd Person	
INTEREST	
DIVIDENDS	
OTHER	
TOTAL INCOME	

LIABILITIES	TOTAL
LOAN(S)	
MORTGAGES	
CREDIT CARD DEBT	
TAXES (Not reported on F/A Tool)	
OTHER	
TOTAL LIABILITIES	

OTHER	TOTAL
GIFTS GIVEN IN THE LAST 3 YEARS	

ARE YOU/YOUR SPOUSE A VETERAN?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
DO YOU HAVE A PRENUPTIAL AGREEMENT?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
DO YOU HAVE AN IRREVOCABLE BURIAL TRUST?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
HAVE ANY ASSESTS BEEN MOVED OUT OF YOUR NAME IN THE LAST 5 YEARS?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
DO YOU HAVE ASSESTS IN A TRUST?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If YES, is the Trust Revocable or Irrevocable? _____

Is anyone other than you responsible for your financial information?

If yes, who? Name: _____ Phone: _____

Address: _____

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE: _____ RESIDENT/REPRESENTATIVE: _____