

Rio Concho West
Rio Concho Patio Homes
Application for Financial Assistance

Name: _____

Date: _____

Current Address: _____

Phone: _____

Statement of Financial Need (Please provide a statement explaining why you need financial assistance, tell us of any facts or circumstances relevant to financial need that may not be included in or obvious from data supplied in this form:

CURRENT ASSETS:

Savings/Checking Balance: \$ _____

Stocks/Bonds: \$ _____

Annuities: \$ _____

401K/Etc. \$ _____

Other: \$ _____

MONTHLY INCOME:

Social Security: \$ _____

Pension: \$ _____

Interest Income: \$ _____

Family Assistance: \$ _____

Other Income: \$ _____

EXPENSES ALLOWED FOR DEDUCTION FROM INCOME:

Medicare \$ _____

Medical Expense \$ _____

Insurance Premiums \$ _____

Personal Care Giver/Home Health \$ _____

House Property Tax \$ _____

SUPPORTING DOCUMENTATION:

Please provide (as applicable) the following documentation of income & expenses in support of your request for financial assistance:

- Most recent federal income tax return
- Past 3 months checking and/or savings account statements
- Past 3 months investment account statements (stocks, bonds, annuities, 401K, IRA, other)
- Social security income verification
- Pension income verification
- Interest income verification
- Statement regarding availability of family financial assistance
- Other income verification (supporting documents to substantiate any other sources of income)
- Medicare premium statement
- Insurance premium statements (life, auto, health, burial, longer term care, etc.)
- Property tax statement
- IRS Form 1099 for personal care giver
- Other _____

I certify that the information I have provided in this form is accurate and complete. I authorize Rio Concho to use my information to determine eligibility for financial assistance. Submission of this form does not constitute approval. Requests for assistance are approved by the Rio Concho Board of Trustees. The guidelines and allowances for financial assistance may change without notice. Approved subsidy applications must be recertified annually.

Resident Printed Name

Resident Signature

Date

Received By (Rio Concho Staff)

Date