

## Rio Concho Terrace Application for Financial Assistance

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check One:  Current Resident  Prospective Resident

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	\$ _____

**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.)
- 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