

**MICHAEL J. FITZMAURICE SOUTH DAKOTA VETERANS HOME
FINANCIAL WORKSHEET**

Applicant Name: _____
Home: _____ Cell: _____

***Please note: by attaching documents to support the following the Business Office will be able to give an *actual* daily rate to live at the SDVH. If none are provided, this is only an estimate.

		GROSS INCOME MONTHLY
VA PENSION/COMPENSATION	Yes No	_____
SOCIAL SECURITY	Yes No	_____
RETIREMENT	Yes No	_____
INTEREST INCOME	Yes No	_____
MEDICARE PREMIUM	Yes No	_____
LONG TERM CARE INSURANCE	Yes No	_____
TOTAL INCOME		_____

		Value
PROPERTY-REAL ESTATE	Yes No	_____
MOTOR VEHICLE(S)	Yes No	_____
OTHER	Yes No	_____
Have any assets been transferred/given away in the last 5 years?	Yes No	_____
Explain:		_____

		Value/Amounts
STOCKS/BONDS/IRA's	Yes No	_____
CD'S	Yes No	_____
CHECKING ACCT	Yes No	_____
	IF JOINT OWNERSHIP WITH WHOM?	_____
SAVINGS ACCT	Yes No	_____
	IF JOINT OWNERSHIP WITH WHOM?	_____

Name of Bank/Credit Union _____
Phone # of Bank /Credit Union _____
Name of Bank/Credit Union _____
Phone # of Bank /Credit Union _____

By signing this form I do verify that the above is a true statement of fact.

Applicants Signature _____ Date _____