



100 Thorndale Drive • San Rafael, CA 94903

APPLICANT'S FINANCIAL INFORMATION

The Admissions Committee holds all information strictly confidential

Name(s) _____

Date ____/____/____

Address _____

City _____ State _____ Zip _____

Phone # (_____) _____

The financial information provided on these forms enables us to make a responsible judgment about your ability to afford the obligations of living at Villa Marin. We reserve the right to request additional information and/or statements to help in this screening. If two persons are applying jointly for one condominium and they own all assets and income items jointly in equal shares, only one set of these forms need be completed. Otherwise assets and income items must be allocated between the Applicants on separate forms.

Copies of pages 1 and 2 of your **most recent** federal income tax return (Form 1040) **MUST BE SUBMITTED** with this form. If the parties file separate federal income tax returns, copies of both returns must be attached and the second page of each must show a signature and the most recent filing date. All Forms 1040 reporting rental income must include Schedule E. Additional financial information, such as statements from banks and brokerage houses, will be requested as necessary.



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ASSETS

Cash, CD's & Money Market Funds \$ _____

Stocks, Bonds, etc. (Market Value) \$ _____

Attach most recent brokerage statements

Receivables (loans, mortgages, etc)

Explain on reverse side about terms etc. \$ _____

BENEFICIARY TRUSTS (Not Included Above) \$ _____

IRA, KEOGH, 401 K

Attach recent statement \$ _____

Real Estate owned (estimated market value)

Residence \$ _____

Other: Describe on reverse side \$ _____

Other Assets (excluding personal property) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL ASSETS \$ _____

LIABILITIES

Real Estate Mortgage Payable

Primary Residence \$ _____

Other \$ _____

Credit Card Debt \$ _____

Other Loans \$ _____

_____ \$ _____

_____ \$ _____

TOTAL LIABILITIES \$ _____



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ESTIMATED PRESENT ANNUAL INCOME

WAGES

\$ _____

SOCIAL SECURITY (less Medicare, Part B)

Applicant 1

\$ _____

Applicant 2

\$ _____

PENSIONS (State Sources)

Applicant 1

\$ _____

Applicant 2

\$ _____

IRA, KEOGH, 401K

Applicant 1

\$ _____

Applicant 2

\$ _____

TRUSTS

Applicant 1

\$ _____

Applicant 2

\$ _____

RENTAL INCOME (Attach Sched E.)

Total Rental Income \$ _____

Less Expenses \$ _____

Net Income \$ _____

OTHER INCOME

\$ _____

Annuities

Total Annual Income \$ _____



VIBRANT SENIOR LIVING COMMUNITY

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PURCHASE OF VILLA MARIN CONDOMINIUM:

Estimated price \$ _____ Estimated Annual HOA Fee \$ _____

ADDITIONAL FINANCIAL INFORMATION:

If there are sizeable amounts of separate property for either applicant, will this separate property be bequeathed so that the income will be available for use by the survivor? _____

For items such as pensions, annuities, and income from trusts, indicate the amounts payable to the survivor after the death of each applicant.

Applicant 1

\$ _____

\$ _____

Applicant 2

\$ _____

\$ _____

Does your pension or annuity cease income payments at any point?

If so, indicate the year when income payments cease. _____

Does the income from your pension have a cost-of-living increase, or is it a fixed amount?

Describe any **additional assets or financial resources** you would like us to consider when evaluating your application. (Examples: business ownership, cash value of life insurance, long-term care insurance.)

Describe any **unusual annual obligations** and their expected duration. (Examples: private-duty health aides, alimony, nursing facility, college tuition)

Please describe any **material encumbrances, liens, or judgments** that restrict the availability of your reported assets or income.

Are you a co-signer on any other loan obligations other than your condominium? _____ If yes, how much? \$ _____ What are the monthly payments? \$ _____



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I/we hereby certify under penalty of perjury that the foregoing information is true and factual. I/we understand our obligations herein and agree to advise you in writing of any relevant changes in my/our medical or financial situation prior to the close of escrow.

Applicant's Signature

Date

Applicant's Signature

Date

Please mail your forms and application fee to:

Villa Marin Administration
Attn: Admissions Committee Chairperson
100 Thorndale Drive
San Rafael, CA 94903-4599

ALL INFORMATION SUBMITTED IS KEPT CONFIDENTIAL