Living Well Foundation
Resident Financial Assistance Application

Applicants(s)

Applicant Address

City   State   Zip

Phone   Email

Community Name

Resident Move-in Date

Co-Applicants(s)

Co-Applicant Address
(if different)

City   State   Zip

Phone   Email

Relationship

Residence Type

      Independent Living: Five years from move-in date (all IL years of residency apply to the requirement for Care Services eligibility)

      Care Services: Three years from move-in date from outside of the community

The Living Well Foundation will provide financial assistance up to $1,000 per month for an initial period not to exceed one year towards the resident's monthly service fee.   Any assistance beyond the initial period requires additional approval from our foundation board. Please indicate below the amount requested, the number of months requested and the month and year you are requesting the assistance to start.

Requested Amount	Number of Months Requested	Month and year for assistance to start

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I understand that the Living Well Foundation requires the information listed below to assess my eligibility for this program, and that it may need to request additional financial information.

I certify that I have provided this information voluntarily, and that the provided information comprises a true and complete representation of my current financial condition.

Applicant Signature   Date

Co-Applicant Signature   Date

Attached Documentation

 Copy of the signed Application.

 Explanation of the need for assistance.

 Any other relevant information.

Attached Financial Information

 Copies of Federal income tax returns for the previous three years.

 Copies of bank statements for the current and previous three months.

 Copies of statements for brokerage, savings and other accounts reflecting financial information.

 Current listing of assets and liabilities / financial statement.

 Current listing of monthly income and expenses.