

**Rose Hill Center Application for Financial Assistance
Personal Financial Statement**

Personal financial statement for the individual(s) responsible for payment (Financial Guarantor)

Resident Name:	Program:
Mother's Name:	Father's Name:
Spouse's Name:	Guardian or Other Name:

Income/Earnings	Resident	Spouse *	Parent # 1 *	Parent #2	Total
Adjusted Gross Income from most recent year Federal 1040					
SSI/SSDI					
Income from other sources not reported on 1040					
Total Family Income					
Assets					
<i>Cash/Investments</i>					
Cash and Checking					
Savings					
Investments (inc. stocks, bonds, mutual funds, 529 accounts etc.)					
Other Assets, inc. Trusts (please specify)					
<i>Note: Retirement funds are not included in assets</i>					
<i>Real Estate/Property</i>					
Primary Home Value					
Vacation/Rental Property Value					
Vehicles					
Other (boats, recreational vehicles, or the like)					
Interest in business					
Other (please specify)					

Total Assets					
Liabilities					
Mortgages on Real Estate (current principal balance)					
Other Loan balances (please identify)					
Credit Card debt not paid in the current period					
Other (please specify)					
Total Liabilities					
Number of Dependent Children as claimed on most recent tax return					

* Use these columns for married filing jointly

Signatures: I/ We declare that the information on this form is true, correct, and complete to the best of my/our knowledge. I/We authorize Rose Hill Center to release this information to its Financial Assistance Committee. Rose Hill Center reserves the right to verify all information provided.	
Financial Guarantor Signature:	
Relationship to Resident:	
Date:	
Other Signature:	
Relationship to Resident:	
Date:	
Other Signature:	
Relationship to Resident:	
Date:	

Revised 8/7/18