

INVENTORY

(Married)

Date _____ **Tel. Home** _____ **Tel. Bus.** _____

PART A: PERSONAL INFORMATION

Client Husband

Full Name: _____ Address: _____

Do You Have Any Children By A Previous Marriage? Yes _____ No _____

U.S. Citizen? Yes _____ No _____ Birth Date _____

Social Security Number _____

Client Wife

Full Name: _____ Address: _____

Do You Have Any Children By A Previous Marriage? Yes _____ No _____

U.S. Citizen? Yes _____ No _____ Birth Date _____

Social Security Number _____

PART B: MISCELLANEOUS INFORMATION

Age of Husband _____

Age of Wife _____

Address of Nursing Home _____

Diagnosis _____

Prognosis _____

Course of Treatment _____

Date of Entry of Country Manor _____

PART C: MONTHLY INCOME

	Husband's Mthly Income	Wife's Mthly Income
Social Security Benefits	\$ _____	\$ _____
Retirement Benefits	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Dividends	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____

If there is a pension, please list the gross pension amount and the name of the company or governmental entity paying the pension.

Gross Amount: \$ _____

Name of Company or Governmental Agency: _____

PART D: GIFTS

Please list any gifts made in excess of \$1,000 per year to an individual other than your spouse within the past 36 months.

Recipient _____ Date _____ Amount \$ _____

Recipient _____ Date _____ Amount \$ _____

Recipient _____ Date _____ Amount \$ _____

PART E: ASSETS

Please list the approximate value of each asset/liability.

ASSETS	HUSBAND	JOINT	WIFE
Checking Account	_____	_____	_____
Savings Account	_____	_____	_____
Money Market Account	_____	_____	_____
Savings Certificate	_____	_____	_____
Residence	_____	_____	_____
Other Real Estate	_____	_____	_____
IRA	_____	_____	_____
Business Interests	_____	_____	_____
Mutual Funds	_____	_____	_____
Stocks	_____	_____	_____
Bonds	_____	_____	_____

PART G: MONTHLY HOUSING EXPENSE

(Please divide annual expenses by 12 and quarterly expenses by 3)

- \$ _____ Mortgage
- \$ _____ Rent
- \$ _____ Taxes
- \$ _____ Water
- \$ _____ Sewer
- \$ _____ Utilities (heat & electric) (1/12th of Last 12 months)
- \$ _____ Homeowner's Insurance Premium
- \$ _____ Monthly Total

PART H: MONTHLY COST OF NURSING HOME

- \$ _____ Cost Per Month
- \$ _____ Prescription Costs Per Month
- \$ _____ Other Per Month
- \$ _____ Monthly Total

PART I: MONTHLY NON-SHELTER LIVING EXPENSES

