

FINANCIAL AFFIDAVIT

**Verification of all financial information below is required on admission day
Use additional sheets as necessary**

Veteran's Name: _____

I (for self or as financial legal representative for veteran) hereby
declare that my total income and assets are as follows:

Per Month Incomes:

Veterans Affairs Pension..... \$ _____

Veterans Affairs Compensation..... \$ _____

Social Security (Gross)..... \$ _____

 Medicare Part B Deduction..... \$ _____

 Medicare Part D Deduction..... \$ _____

 Medicare Part D Company: _____

Net..... \$ _____

Railroad Retirement Benefits..... \$ _____

Military Retirement (Gross)..... \$ _____

 Any Deduction..... \$ _____

 Net..... \$ _____

Civil Service Annuities and/or State
Retirement Benefits (Gross)..... \$ _____

 Any Deduction..... \$ _____

 Net..... \$ _____

Company Retirement Pension(s)..... \$ _____

 Name of Pension: _____

 Phone Number: _____

Any Deduction..... \$ _____

 Net..... \$ _____

Nursing Home Insurance..... \$ _____

 Daily amount: \$ _____

 Name of Company: _____

 Phone Number: _____

Sale/Rent of Real Estate..... \$ _____

Dividends/Interest/Annuities..... \$ _____

Farm and/or Other Business

 Income..... \$ _____

 Please list: _____

TOTAL..... \$ _____

Spouse's Name: _____

I (for self or as financial legal representative for spouse) hereby
declare that my total income and assets are as follows:

Per Month Incomes:

Veterans Affairs Pension..... \$ _____

Veterans Affairs Compensation..... \$ _____

Social Security (Gross)..... \$ _____

 Medicare Part B Deduction..... \$ _____

 Medicare Part D Deduction..... \$ _____

 Medicare Part D Company: _____

Net..... \$ _____

Railroad Retirement Benefits..... \$ _____

Military Retirement (Gross)..... \$ _____

 Any Deduction..... \$ _____

 Net..... \$ _____

Civil Service Annuities and/or State
Retirement Benefits (Gross)..... \$ _____

 Any Deduction..... \$ _____

 Net..... \$ _____

Company Retirement Pension(s)..... \$ _____

 Name of Pension: _____

 Phone Number: _____

Any Deduction..... \$ _____

 Net..... \$ _____

Nursing Home Insurance..... \$ _____

 Daily Amount: \$ _____

 Name of Company: _____

 Phone Number: _____

Sale/Rent of Real Estate..... \$ _____

Dividends/Interest/Annuities..... \$ _____

Farm and/or Other Business

 Income..... \$ _____

 Please list: _____

TOTAL..... \$ _____

Veteran's Name: _____

Spouse's Name: _____

ASSETS

ASSETS

Do you own or have any interest in real estate? _____

Do you own or have any interest in real estate? _____

Value: \$ _____

Value: \$ _____

Is this your homestead? _____

Is this your homestead? _____

Do you plan to return to your home? _____

Do you plan to return to your home? _____

Cash on hand..... \$ _____

Cash on hand..... \$ _____

Cash in bank/savings & loan institutions/credit unions:

Cash in bank/savings & loan institutions/credit unions:

Checking..... \$ _____

Checking..... \$ _____

Savings..... \$ _____

Savings..... \$ _____

CD's..... \$ _____

CD's..... \$ _____

Name and address for all accounts:

Name and address for all accounts:

Do you have a burial trust and/or plot? _____

Do you have a burial trust and/or plot? _____

If yes, provide copy

If yes, provide copy

IRA's/401K..... \$ _____

IRA's/401K..... \$ _____

If yes, provide copy

If yes, provide copy

Other assets (stocks, bonds, etc.)..... \$ _____

Other assets (stocks, bonds, etc.)..... \$ _____

If yes, provide copy

If yes, provide copy

Do you have interest in a trust fund? _____

Do you have interest in a trust fund? _____

If yes, provide copy

If yes, provide copy

Life Insurance

Life Insurance

Company Name: _____

Company Name: _____

Phone Number: _____

Phone Number: _____

Face Value..... \$ _____

Face Value..... \$ _____

Cash Value..... \$ _____

Cash Value..... \$ _____

Attach annual life insurance statement

Attach annual life insurance statement

I authorize and direct any financial institution to disclose to the Iowa Veterans Home any information it may request about my account(s).

I understand that by order of the Iowa Commission of Veterans Affairs that failure to disclose my full income and assets and those of my spouse may be cause for discharge from the Iowa Veterans Home.

Signed: _____ Dated: _____

Signed: _____ Dated: _____