

FINANCIAL AFFIDAVIT

**Verification of ALL financial information is required PRIOR to admission day
Use additional sheets as necessary**

Veteran's Name: _____

I (or as financial legal representative for applicant) 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)..... \$ _____

Any Deduction..... \$ _____

Net.....\$ _____

Name of Pension: _____

Phone Number: _____

Nursing Home Insurance..... \$ _____

Daily amount: \$ _____

Name of Company: _____

Phone Number: _____

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

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

Wages, Farm and/or Other Business

Income..... \$ _____

Please list source: _____

TOTAL.....\$ _____

Spouse's Name: _____

I (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)..... \$ _____

Any Deduction..... \$ _____

Net.....\$ _____

Name of Pension: _____

Phone Number: _____

Nursing Home Insurance..... \$ _____

Daily Amount: \$ _____

Name of Company: _____

Phone Number: _____

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

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

Wages, Farm and/or Other Business

Income..... \$ _____

Please list source: _____

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? _____

Address of property(ies):

Address of property(ies):

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? _____

Do you have a burial trust? _____

How many cemetery plots do you own? _____

How many cemetery plots do you own? _____

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

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

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

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

Do you have interest in a trust fund? _____

Do you have interest in a trust fund? _____

Life Insurance

Life Insurance

Face Value..... \$ _____

Face Value..... \$ _____

Cash Value..... \$ _____

Cash Value..... \$ _____

Company Name: _____

Company Name: _____

Phone Number: _____

Phone Number: _____

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, failure to disclose my full income and assets and those of my spouse may be cause for discharge from the Iowa Veterans Home.

Signed: _____ Date: _____
Signature of applicant or legal financial representative

Signed: _____ Date: _____
Signature of spouse or legal financial representative