APPENDIX D

Personal Assets

Complete this appendix if anyone applying has a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.), lives in a medical facility or nursing home, or is 65 years of age or older.

DOES ANYONE IN YOUR HOME OWN	ASSET VALUE (closest possible estimate)	DESCRIBE THIS ASSET (include names of banks and other companies)
Checking accounts Yes No		
Who owns this?	\$	
Savings accounts Yes No		
Who owns this?	\$	
Vehicles ☐ Yes ☐ No		
Who owns this?	\$	
Property other than your home Yes No		
Who owns this?	\$	
Certificates of Deposit (CDs) Yes No		
Who owns this?	\$	
Annuities, Trusts, Stocks, Bonds, or Retirement Accounts Yes No		
Who owns this?	\$	
Life or burial insurance. Yes No		
Who owns this?	\$	
Money set aside for burial or pre-need contract ☐ Yes ☐ No		
Who owns this?	\$	
Safe deposit boxes Yes No		
Who owns this?	\$	
Other (Please describe in detail) Yes No		
Who owns this?	\$	