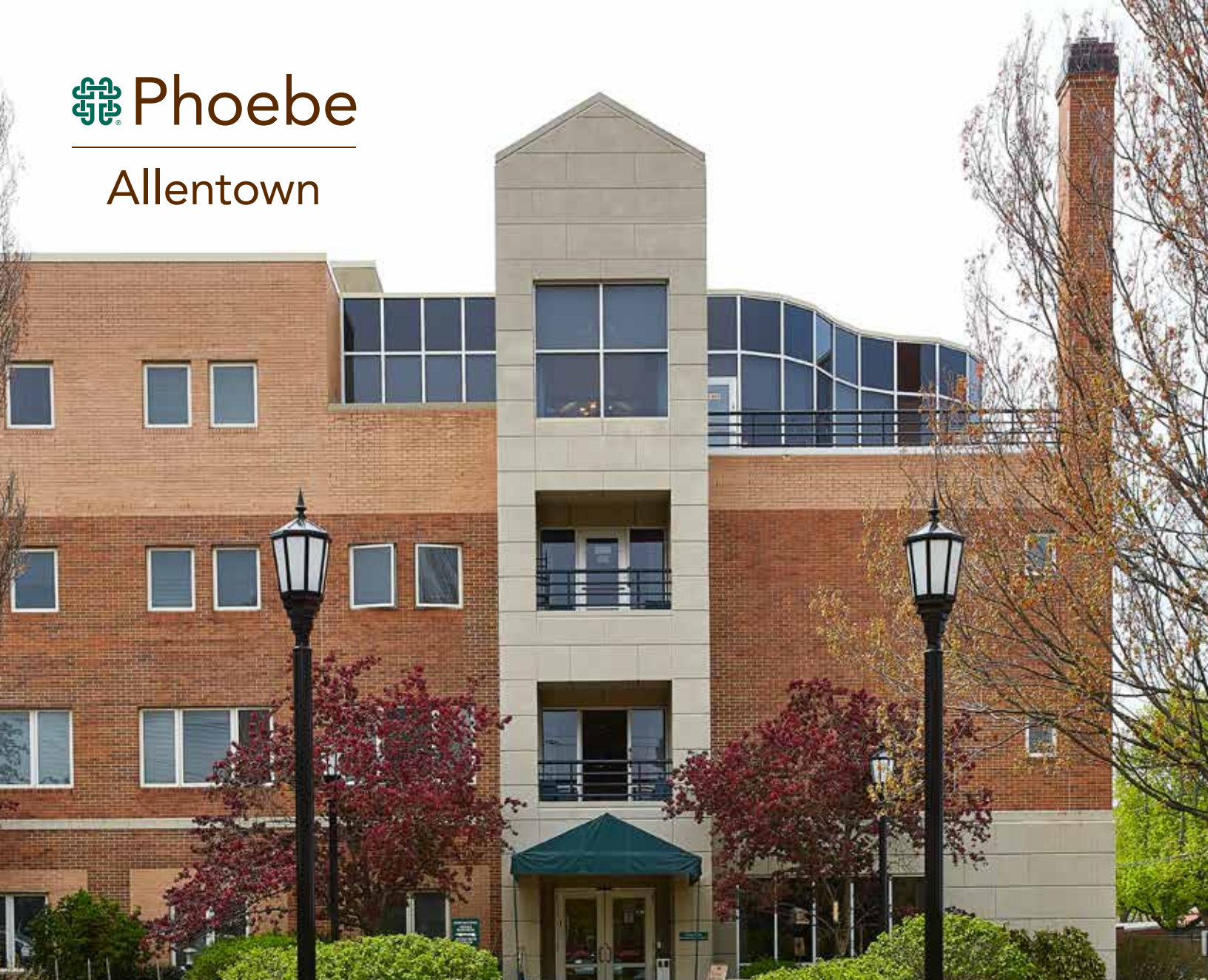




Phoebe

Allentown



WHY WONDER?

Find out if you qualify to live at the David A. Miller Personal Care Community at Phoebe Allentown.

Fill out the form on the back of this flyer and send it to the address below, or call 610-794-5300...you'll know in five minutes whether you qualify financially.

**IT'S THAT
SIMPLE!**

Send this form to:
Phoebe Allentown
Admissions
1925 W. Turner Street
Allentown, PA 18104

**David A. Miller Personal Care Community
Confidential Financial Information**

| APPLICANT LAST NAME | FIRST NAME | MIDDLE INITIAL | BIRTH DATE |
|---------------------|------------|----------------|------------|
|---------------------|------------|----------------|------------|

| SPOUSE LAST NAME | FIRST NAME | MIDDLE INITIAL | BIRTH DATE |
|------------------|------------|----------------|------------|
|------------------|------------|----------------|------------|

| I. Assets (Market Value) | Principal Amount |
|--|------------------|
| 1. Stocks | \$ _____ |
| 2. Bonds | \$ _____ |
| 3. Certificates of Deposit | \$ _____ |
| 4. Savings Accounts | \$ _____ |
| 5. Checking Accounts | \$ _____ |
| 6. Trust Accounts | \$ _____ |
| 7. Mutual Funds | \$ _____ |
| 8. Annuities-Corpus (Recipient: _____) | \$ _____ |
| 9. Estimated Net Value of Home | \$ _____ |
| 10. Other Real Estate | \$ _____ |

| | |
|----------------------------|----------|
| II. Monthly Income Sources | |
| 1. Pensions (Applicant) | \$ _____ |
| 2. Pensions (Spouse) | \$ _____ |
| 3. Rentals | \$ _____ |
| 4. Annuity Payments | \$ _____ |
| 5. Veterans Benefits | \$ _____ |
| 6. Interest and Dividends | \$ _____ |
| 7. Other: | \$ _____ |

| | |
|----------------------|----------|
| III. Social Security | |
| 1. Applicant | \$ _____ |
| 2. Spouse | \$ _____ |

| | |
|--------------------|----------|
| IV. Life Insurance | |
| 1. Cash Value | \$ _____ |

| | |
|---|----------|
| V. Average Monthly Expenses (<i>Please list the monthly expenses you would incur if you were to live here.</i>) | |
| 1. Groceries | \$ _____ |
| 2. Charitable Gifts | \$ _____ |
| 3. Entertainment | \$ _____ |
| 4. Medical Expenses | \$ _____ |
| 5. Car Loan Payment | \$ _____ |
| 6. Car Insurance | \$ _____ |
| 7. Credit Card Bills | \$ _____ |
| 8. Long Term Care Insurance | \$ _____ |
| 9. _____ | \$ _____ |
| 10. _____ | \$ _____ |
| 11. _____ | \$ _____ |
| 12. _____ | \$ _____ |

| | |
|------------------------------|----------|
| VI. Other Liabilities: _____ | \$ _____ |
|------------------------------|----------|

Total Expenses \$ _____