



861 Critter Court
 Onalaska, WI 54650
 Phone: 608.783.2292
 Fax: 608.783.1182

FINANCIAL ELIGIBILITY APPLICATION

Name of Applicant/Co-Applicant: _____

The financial information listed on this form is required to qualify for admission to SpringBrook. Per SpringBrook policy, and admission and service agreements, tenants and residents must complete 24 months of private payment prior to converting to public funding. Failure to do so may result in termination of services. If married, please list income and assets of both applicants. Please provide verification documents for each income and asset item listed. Cross out account numbers, but please keep name(s) on the document. All information will remain confidential and secured.

INCOME

Sources of Income per Month	Applicant	Co-Applicant
Social Security		
Pension (Specify)		
Pension (Specify)		
Dividends		
Other		
Other		
Total Monthly Income		

LIQUID ASSETS

Sources of Income per Month	Applicant	Co-Applicant
Pension/401K Balance		
Checking Account(s)		
Savings Account(s)		
Other		
Other		
Total Liquid Assets		

REAL ESTATE/OTHER PROPERTY:

Property Type (if Real Estate, list address)	Market Value	Balance Owed

I/we certify that the information contained within this application is a true and complete statement of fact.

Signature of Applicant _____ Date _____

Signature of Co -Applicant _____ Date _____

Signature of Financial POA _____ Date _____