



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

FINANCIAL ELIGIBILITY APPLICATION

Name of Applicant & Co-Applicant: _____

MONTHLY INCOME

Source	Applicant	Co-Applicant
Social Security		
Pension (Specify)		
Pension (Specify)		
Dividends		
Other		
Other		
Total Monthly Income		

LIQUID ASSETS

Source	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 above is an accurate estimate of my/our financial situation. I understand that both SpringBrook Policy and SpringBrook Service Agreement/Admission Agreement require tenants and residents to pay the market value of the apartment and services for a minimum of 12 months prior to converting to public funding (Family Care). I understand that conversion to public funding before completing 12 months of residency at the private pay rate may result in SpringBrook issuing a 30 day termination notice.

Signature of Applicant _____ Date _____

Signature of Co -Applicant _____ Date _____

Signature of Financial POA _____ Date _____