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| **Financial Status** |

*(Name of Facility)* is a residential care facility for the elderly that depends on a predictable level of private pay fees in order to operate on a sound financial basis and provide an appropriate level of care and services to our residents. This means that we are not able to accept residents who receive or who are eligible to receive SSI (Supplemental Security Income). By signing below, you represent and warrant that you are not an SSI recipient, that you have sufficient assets and income so that you do not currently qualify for SSI and will not so qualify for the foreseeable future. You agree that you will not intentionally dispose of or divest assets (such as through gifts or wasteful spending) in order to qualify for SSI.

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| *Print Resident’s Name* |
|  |  |  |
| *Signature of Responsible Party* |  | *Date* |
|  |  |  |
| *Signature of Executive Director* |  | *Date* |