

# YOUR SENIOR'S STORY

Name	Applicant	Co-Applicant
First		
Middle		
Last		
Nickname		
Birth		
SSN		

Are you married?  Yes  No

Street Address

City State Zip

Phone Email

## Their MONEY Story

- Do you have enough monthly income?
- Do you feel "at peace" about your finances?
- Do you have an adequate cushion?
- Are you able to enjoy your life?
- How much do you have left at the end of the month?
- Do you feel OK with how your finances look?
- Are you comfortable?
- Do you have any concerns about the future?
- Is there anything you would like to do, but feel you cannot afford it at this time?

MONTHLY INCOME	
Wages:	Applicant
	Co-Applicant
Social Security:	Applicant
	Co-Applicant
Pension:	Applicant
	Co-Applicant
Disability	
Annuity	
Investment	
Other Income	
<b>Total Monthly Income</b>	
Total Monthly Expenses	
Monthly Surplus / (Shortfall)	

ASSETS	
Checking Account	
Savings Account	
Stocks / Bonds	
Real Estate (excluding primary residence)	
Other Assets	
<b>Total Assets</b>	

EXPENSES	
Mortgage 1	
Mortgage 2	
Property Taxes	
Home Insurance	
Home maintenance / Lawn Service	
Gas / Oil	
Electricity	
Phone (Land Line)	
Cell Phones / Pagers	
Cable / Satellite TV	
Computer / Internet	
Water	
Garbage Collection	
Food / Groceries	
Dining Out (including lunches)	
Credit Card Bills	
Auto Loans / Leases	
Car Insurance	
Gasoline / Tolls / Parking	
Public Transportation	
Gar Maintenance / Registration	
Clothing Purchases	
Laundry / Dry Cleaning	
Haircuts / Manicures	
Health Insurance	
Medical / Dental Expenses	
Miscellaneous	
<b>Total Monthly Expenses</b>	

## Your Senior's HOME Story.

Is it "senior friendly?"

### SAFETY issues

- Walkways (cracks, raised areas due to tree roots, etc)
- Stairs (inside or outside)
- Door thresholds
- Security locks
- Smoke detectors
- Handrails (inside or outside)
- Bathroom (shower or tub)

### COMFORT issues

- Yard sprinkler
- Electric garage door opener

## Your Senior's HEALTH Story.

How are you feeling?

Generally speaking, how's your health today?

Any health issues in the past?

Do you have chronic illnesses?

How are you being treated for them?

Therapy

Medications

How often?

When was your last physical exam?

How did that go?

What did the doctor say about your health?

Did the doctor make suggestions about altering your lifestyle?

Any new aches and pains since your doctor visit?

Done anything about it?

Last visit to the dentist?

Specialists?

Do you sleep okay?

Noticed anything different about your body or health?

Any special needs?

## Your Senior's SOCIAL LIFE story.

Are you "plugged-in" to people?

What is your week like? \_\_\_\_\_

Where do you go? \_\_\_\_\_

With whom? \_\_\_\_\_

How frequently? \_\_\_\_\_

Who are your closest friends? \_\_\_\_\_

Do they live in the neighborhood? Where? \_\_\_\_\_

How often do you see them? \_\_\_\_\_

How often do you speak to them? \_\_\_\_\_

To what groups do you belong? \_\_\_\_\_

Clubs? \_\_\_\_\_

Service groups? \_\_\_\_\_

Church? \_\_\_\_\_

What is the most interesting function you recently attended? \_\_\_\_\_

## YOUR SENIOR'S STORY

### REPAIR issues

- AC/Heating system
- Check/replace air filter
- Plumbing fixtures or leaks
- Paint (inside or outside)
- Carpet/flooring
- Downspouts (clean and functional)

## Your Senior's NUTRITION Story.

Are you taking care of yourself?

Do you cook at home?

How frequently?

What types of things do you enjoy cooking/eating?

Do you eat things you are not supposed to?

How many meals do you eat a day?