ACCOUNTING FORM ANNUAL PROPERTY ASSESSMENT						
DATE	NAME/ADDRESS			MEMBER #	TELEPHONE NUMBER	DUE DATE
ASSETS	Checking Account Balance			LIABILITIES	Mortgage Balance	
	Savings Account Balance		DOB-H		Reverse Mortgage	
	IRA Balance		DOB-W		Auto Loan Balance	
	Pension Balance		RCSC	Assessment:	Credit Card Balance(s)	
	Investment Balance				Other - (provide details)	
	Stocks/Bonds Value				TOTAL	\$0.00
Indicate if two owned	Real Estate Value		1	EXPENSES	Mortgage Payment	
	Other (explain)		1	(Monthly Amts)	Credit Card Payment	
	TOTAL	\$0.00	Î		Auto Loan Payment	
					Condo Fee	
CURRENT	Social Security		Ī	Please state	Electric	
INCOME	Disability		Ì	if anything is	Gas	
Monthly	Wages		1	included in your	Water	
	Pension		1	condo fee.	Trash	
	IRA/Roth		1		Yard Maintenance	
	Dividends/Interest		1		Home Maintenance	
	Other		1		Phone(s)/Internet:	
	TOTAL	\$0.00]		TV	
Are you or your spouse a veteran?					Groceries	
Automobile	Year, model, make	Value	1		Transportation (gas/public use)	
]		Medical: Co-pays, pharmacy, etc.	
					Insurance: Medical	
					Insurance: Home (w/mortgage)	
Please sign		Date			Insurance: Auto	
The information contained in this financial statement is true to the be			nowled	ge.	Property Taxes (w/mortgage)	
	me, address, telephone of relative or	friend not living wi	th you		Other-	
Name/Relationship					TOTAL	\$0.00
Address:				1	Income Less Expenses Balance	\$0.00
Phone:				1	All information provided will be verified by the	Foundation
	ete all blanks, sign, date and mail forn on, Inc., 10626 W. Thunderbird, Blvd, Su			_	Verified by:	