



**MONTHLY INCOME**

	Monthly Income
Social Security Benefit	\$ _____
Retirement Benefit (Gross)	\$ _____
VA Disability Benefit	\$ _____
Annuity Income	\$ _____
Rental Income	\$ _____
Long Term Care Insurance Income	\$ _____
<b>Total Monthly Income</b>	<b>\$ _____</b>

Do not include interest and dividend income on this form.

If there is a pension, please list the gross pension amount, including any monies taken out for federal income taxes, health insurance, or any other reason.

**MONTHLY COST OF NURSING HOME**

\$ _____	Daily Semi-Private Nursing Home Rate
\$ _____	Medicare or Private Health Insurance Premiums
\$ _____	Medicare Supplemental Insurance Premiums
\$ _____	Prescription Drug Insurance Premiums
\$ _____	<b>Total Monthly Costs</b>

## ASSETS/LIABILITIES

(Please insert the value of each asset/liability in the appropriate space.)

ASSET/LIABILITY	ASSET TOTAL	LIABILITY TOTAL
CHECKING		
SAVINGS		
MONEY MARKET		
CERTIFICATES OF DEPOSIT		
RESIDENCE ADDRESS		
NON HOME REAL ESTATE ADDRESS		
AUTOMOBILE(S) ATV/RV/BOAT/TRAILER MAKE MODEL		
BROKERAGE/CAP ACCOUNTS		
MUTUAL FUNDS		
STOCKS		
BONDS		

ASSET/LIABILITY	ASSET TOTAL	LIABILITY TOTAL
PROVIDE LAST 2 YEARS OF TAX RETURNS		
ANNUITIES		
TRADITIONAL IRA/RETIREMENT PLANS		
CRYPTOCURRENCY		
PREPAID FUNERAL		
BURIAL PLOTS		

### LIFE INSURANCE

COMPANY NAME <small>(include address and policy No.)</small>	TYPE	DEATH BENEFIT VALUE	FACE VALUE	CASH VALUE	INSURED	OWNER	BENEFICIARY

**It is very important to know the cash value and the death benefit of your life insurance policy. To obtain the cash value of the policy, please call your insurance agent, or call the insurance company directly.**

**GIFTS**

Have you given/or sold real property, vehicles, all-terrain vehicles, or other items of value, as a gift in the last 60 months?  Yes /  No

Have added anyone else's name to any of your existing bank accounts, CDs, brokerage accounts, or any other assets in the last 60 months?  Yes /  No

Have removed your name from any existing bank accounts, CDs, brokerage accounts, or any other assets in the last 60 months?  Yes /  No

Have you make gifts or transfers in excess of \$100 in any one month, to an individual or group of individuals, within the past 60 months, or transferred assets to a trust within the past 60 months?  Yes /  No

If yes, please list below

Recipient _____	Date _____	Amount _____
Recipient _____	Date _____	Amount _____
Recipient _____	Date _____	Amount _____

Have you ever filed a Federal Gift Tax Return? Yes  No

Do you have a Revocable or Irrevocable Trust? Yes  No

**CHILDREN (if applicable)**

CHILD'S NAME	ADDRESS (With Zip Code)	TELEPHONE NUMBER	DATE OF BIRTH

Are any of your children disabled and/or receiving SSI or other forms of government entitlement? Yes  No

Does anyone live with you in your home? Yes  No

Have you previously applied for Medicaid? If yes, when? \_\_\_\_\_ Yes  No

**Once completed, please return this form to:**



Attention: Ben Jones

900 S. Shackelford Road Suite 300 • Little Rock, Arkansas 72211  
Office 501.251.1050 • Fax 501.358.4711 • ben@arassetprotection.com



