



The following section has been developed to assist applicants with determining the affordability of St. John's Meadows. Please fill this out to the best of your knowledge.

**MONTHLY EXPENSES**

Hawthorne Monthly Rent	\$ _____
Hawthorne 2 <sup>nd</sup> Person Fee ( <i>if applicable</i> )	\$ _____
Pharmacy	\$ _____
Out of Pocket Medical	\$ _____
Health Insurance Premiums	\$ _____
Subscriptions	\$ _____
Life Insurance Premiums	\$ _____
Potential out of pocket home health	\$ _____
Laundry & Dry Cleaning	\$ _____
Hair Styling	\$ _____
Personal toilet & commissary goods	\$ _____
Medical/Recreational Transportation	\$ _____
Telephone expenses	\$ _____
Other: _____	\$ _____

**TOTAL EXPENSES** \$ \_\_\_\_\_

\* Who is your Power of Attorney? \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_



I understand that prior to approving this application; St. John's Meadows may request additional information concerning my finances. I hereby declare that all statements made on this application are true and accurate to the best of my knowledge. I understand that failure to provide accurate and truthful information may result in termination of this agreement and my residence at St. John's Meadows at any time.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Representative

\_\_\_\_\_  
Date