

## **EXHIBIT A**

## Masonic Village at Burlington

## **CONFIDENTIAL DATA APPLICATION**

PREFACE: This form, though brief, is of utmost significance both to you as a future resident and to Masonic Village at Burlington. (Please note the conditions of the Residency Agreement.) Therefore, your cooperation in providing a full and honest disclosure is to your benefit.

Date Residence No. and							
FIRST PERSON'S NA	ME			Address			
City				State 2	Zip Code		
Social Security # Birth Date				E-Mail			
SECOND PERSON'S NAME				Address			
City				State 2	Zip Code		
Social Security #	ial Security # Birth Date			E-Mail			
	TS (LES	ANCIAL DATA S ENCUMBRAN	NCES):	upporting documentation.	MONTHLY INCOME First Person	Second Person	
1. Property Value				4. Social Security		\$	
2. Mortage Amount	\$_			5. Pension & Retireme			
3. Financial Assets	Φ.	First Person	Second Person	(Sole Survivor)		%	
a. Checking			\$	6. Other*	\$	_ \$	
<ul><li>b. Savings</li><li>c. Stocks/Bonds</li></ul>			\$ \$	TOTAL MONTHLY	\$	\$	
d. IRA/Mutual			\$ \$		'	- '	
e. Trusts			\$				
f. Other			\$	*Note: These items should identify the specific investment in the asset column from which			
TOTAL COMBINED AS	SSETS	\$		the income is derived.			
-		•		ent. If no, please give your tin Include information on long to			
				UE ACCORDING TO MY BEST			
	Firs	t Person			Witness		
Second Person					Witness		

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