

**Apache Wells Homeowners Association
 Financial Statement to be provided by those Homeowners
 Applying for deferred payments on the April 2, 2007 Special Assessment**

Documents you need to provide for this application-

1. Last years' tax returns

2. Financial statement as follows--

Total Gross Income from all sources for last year-

Pension	
Interest	
Dividends	
Wages	
Social Security	
Disability income	
Rental income (net)	
Other	

Total Gross income from all sources

Less Medical expenses paid by you last year-

Health insurance	
Medicare premiums	
Doctor expenses	
Dentist	
Other such as eyeglasses, hearing aids, etc.	

Total medical costs ()

Apache Wells home costs paid by you last year-

Real estate taxes	
House insurance	
Mortgage payments	
Homeowner fee	

Total Apache Wells Homeowner Costs ()

Net income after deductions

If the net income above is less than \$12,000 for one person or less than \$17,000 for two people, please complete the financial statement on the other side.

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Financial assets-

Please list the current value of all cash or cash equivalent assets--

Savings	_____	
Certificates of Deposit	_____	
Bonds	_____	
Annuities	_____	
Stocks	_____	
Cash value of life insurance	_____	
Other liquid assets		
Total cash-like assets		_____

Please list the current value of all non-cash like assets—

All Real estate in Apache Wells	_____	
All other Real estate	_____	
Vehicles	_____	
Recreational Vehicles/Motor Home	_____	
Business	_____	
Other non-cash assets	_____	
Total value of all non-cash assets		_____

Subtract value of Apache Wells home (One only) (_____)

Subtract value of primary vehicle (_____)

Total of all assets including AW home and primary vehicle- _____

If you meet the income test on page 1 and your net value of all assets is less than \$15,000 for one person or less than \$20,000 for two people, you qualify for deferred payments.

Is there any other information pertinent to this application?

I certify that the information provided above is complete and correct.

_____ Homeowner

_____ Spouse

DATE _____