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## **Full Disclosure of Income, Assets and Trusts**

I/We have fully disclosed to Magnolia Gardens Assisted Living and have provided documentation of my/our entire monthly income, assets and trust information.

I/We understand that anything less than full disclosure of all income, asset and trust information is considered fraud and will lead to costs passed on to the resident for this misrepresentation and possible discharge from Magnolia Gardens Assisted Living.

If applicable, I/We understand that if I/We were to sell any real estate after moving into the facility, it would then become capital gain and I would be required to disclose this information to the facility. Capital gains could affect government subsidy status with this facility.

\_\_\_\_\_  
Resident Name (printed)

\_\_\_\_\_  
Resident/POA Signature

\_\_\_\_\_  
Date