

## Encore Communities Long-Term Affordability Worksheet

Concerned about affording senior housing long-term? Try Encore Communities' Affordability Calculator. This simple tool considers income, spending, net worth, and average costs over a lifetime. It also factors in inflation and care transitions. Fill in the sections below that pertain to you and share it with your Encore Communities sales associate. Precise numbers are not required: good estimates are fine.

|   | Amount Per Month or Year |
|---|--------------------------|
| What are your current sources of income?                  |                          |
| Social Security Benefit, Primary?                         | \$ _____                 |
| Social Security Benefit, Spouse?                          | \$ _____                 |
| Pension, Primary?   | \$ _____                 |
| Does your pension include an annual inflation adjustment? | % _____                  |
| Pension, Spouse?  | \$ _____                 |
| Does your pension include an annual inflation adjustment? | % _____                  |
| Annuities, dividends or savings income?                   | \$ _____                 |
| Bonds income?   | \$ _____                 |
| Salaries or wages?  | \$ _____                 |
| Real estate income?                                       | \$ _____                 |
| Other income?   | \$ _____                 |
| Other income?   | \$ _____                 |
| <br>  |                          |
| What are your current assets?                             | Value                    |
| Personal residence?                                       | \$ _____                 |
| Second home?  | \$ _____                 |
| Other real estate holdings?                               | \$ _____                 |
| Totals Savings and CD Accounts?                           | \$ _____                 |
| Total Checking accounts?                                  | \$ _____                 |
| Total personal loans to others?                           | \$ _____                 |
| Total retirement account or 401Ks?                        | \$ _____                 |
| Automobiles and other personal property?                  | \$ _____                 |
| Gold or jewelry?  | \$ _____                 |
| Annuities or leases?                                      | \$ _____                 |
| Cash value life insurance?                                | \$ _____                 |
| Interests in other businesses?                            | \$ _____                 |
| Loans receivable?   | \$ _____                 |
| Other Assets - Itemize                                    | \$ _____                 |

## Encore Communities Long-Term Affordability Worksheet

| What are your current liabilities?                                      | Current Balance          |
|---|--------------------------|
| 1st mortgages?  | \$ _____                 |
| 2nd mortgages?  | \$ _____                 |
| Equity lines?   | \$ _____                 |
| Total credit card debt?   | \$ _____                 |
| Other notes payable?  | \$ _____                 |
| Past due taxes?   | \$ _____                 |
|   |                          |
| What are your current living costs?                                     | Amount Per Month or Year |
| <b>Housing costs?</b>   |                          |
| Monthly Mortgage payment?   | \$ _____                 |
| Monthly rent?   | \$ _____                 |
| Annual/monthly property tax?  | \$ _____                 |
| Annual or monthly homeowners' insurance?                                | \$ _____                 |
| Annual or monthly homeowner assoc. fees?                                | \$ _____                 |
| Storage unit costs?   | \$ _____                 |
|   |                          |
| <b>Utility Costs?</b>   |                          |
| Cell phone?   | \$ _____                 |
| Internet?   | \$ _____                 |
| Cable/Television?   | \$ _____                 |
| Gas and Electric?   | \$ _____                 |
| Water/Sewer/Garbage?  | \$ _____                 |
|   |                          |
| <b>Maintenance and cleaning?</b>  |                          |
| Yard maintenance and/or snow removal?                                   | \$ _____                 |
| House cleaning?   | \$ _____                 |
| Roof, gutter cleaning?  | \$ _____                 |
| Window cleaning?  | \$ _____                 |
| Other maintenance?  | \$ _____                 |
|   |                          |
| <b>Entertainment, personal expenses &amp; charitable contributions?</b> |                          |
| Monthly entertainment -- movies, concerts, or other events?             | \$ _____                 |
| Dues and Subscriptions?   | \$ _____                 |
| Charitable Contributions?   | \$ _____                 |
| Annual gifts?   | \$ _____                 |
| Cable TV  | \$ _____                 |
| Internet  | \$ _____                 |
| Home Phone  | \$ _____                 |
| Cell Phone  | \$ _____                 |
| Newspapers/Magazines  | \$ _____                 |

## Encore Communities Long-Term Affordability Worksheet

**Personal care costs?**

|  |          |
|--|----------|
| Current monthly in-home care expenses? | \$ _____ |
| Monthly groceries?                     | \$ _____ |
| Monthly dining out?                    | \$ _____ |
| Annual clothing expense?               | \$ _____ |
| Monthly barber and beauty?             | \$ _____ |

**Pet Care Costs?**

|                          |          |
|--------------------------|----------|
| Annual veterinary costs? | \$ _____ |
| Monthly pet food?        | \$ _____ |
| Monthly Pet grooming?    | \$ _____ |

**Vehicle Costs?**

|                      |          |
|----------------------|----------|
| Monthly Car Payment? | \$ _____ |
| Gasoline (monthly)?  | \$ _____ |
| Car Maintenance?     | \$ _____ |
| Car Insurance?       | \$ _____ |
| Parking fees?        | \$ _____ |

**Federal or State taxes?**

|                       |          |
|-----------------------|----------|
| Annual Federal Taxes? | \$ _____ |
| Annual State Taxes?   | \$ _____ |
| Other local taxes?    | \$ _____ |

**Healthcare Expenses?**

|                                       |          |
|---------------------------------------|----------|
| Health Insurance premium?             | \$ _____ |
| Long-term Care Insurance premium?     | \$ _____ |
| Supplemental Medicare Insurance plan? | \$ _____ |
| Deductibles/Co-pays?                  | \$ _____ |
| Monthly prescription drugs costs?     | \$ _____ |
| Other (dental, foot clinic, etc.)?    | \$ _____ |

|