



DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Apartment or Unit #

City State Zip

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

RESIDENTIAL STATUS:  Live in a CCRC or other retirement facility  
(check all boxes that apply to you)  Live with spouse or others  
 Live alone

**GRANT REQUEST SUMMARY**

TOTAL AMOUNT REQUESTED: \_\_\_\_\_ One-Time and/ or \_\_\_\_\_ Monthly  
(For example, if your income is \$200 less per month than your expenses, you might request \$200 monthly)

Please specify how the grant would be used (for example, to help with roof repairs) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you aren't currently a grantee, tell us how you heard about Greenleaf?** (e.g, Through the PYM website? From a friend or family member?)

*This information helps us help other people by informing how we do outreach.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF REQUESTING A RECURRING MONTHLY GRANT, please provide the following information:**

CONTACT PERSON (next of kin): \_\_\_\_\_  
Name Relationship

ADDRESS: \_\_\_\_\_  
Street Apartment or Unit #

City State Zip

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**CONTINUES ON REVERSE →**

**IF YOU ARE A PHILADELPHIA YEARLY MEETING MEMBER OR ATTENDER, please fill in:**

MONTHLY MEETING: \_\_\_\_\_

QUARTERLY MEETING: \_\_\_\_\_

MEETING CONTACT (optional): \_\_\_\_\_  
Name Meeting role: Clerk of Meeting or Care Committee, other

CONTACT PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Please ask the Clerk of your Meeting's Care Committee (by whatever name) to affirm the following:**

*I have considered the materials submitted with this application. I certify the need and support this application.*

Signature \_\_\_\_\_

Title \_\_\_\_\_

Name (please print legibly) \_\_\_\_\_

Date \_\_\_\_\_

**IF YOU ARE NOT A PYM MEMBER or ATTENDER, please describe your connection to Quakers.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR ALL APPLICANTS – additional required documents:**

*Please check the single box that **best** describes your application and enclose the additional required documents. **Redact – cover or conceal - your Social Security Number and financial account numbers; we will make a good faith effort to redact them if you do not)***

- I am a current Greenleaf grant or loan recipient
  - Enclose a copy of all checking account statements for the last three months
- I am NOT currently receiving a grant or loan from Greenleaf *and* I am required to file a Federal income tax return
  - Enclose a copy all checking account statements for the last three months
  - Enclose a copy of your most recent tax return
- I am NOT currently receiving a grant or loan from Greenleaf *and* I am NOT required to file a Federal income tax return
  - Enclose a copy all checking account statements for the last three months

*Attach additional pages as needed*

In connection with my application for a grant, I submit the following statement, to be used by The Greenleaf Fund Granting Group in determining my eligibility for a grant. I understand that this information will be kept confidential.

Please provide **monthly** income/expense for each of the following.

<b>INCOME</b>	<b>Dollar Amount</b>
Employment and/or pension	\$ _____
Social Security	\$ _____
SSI (Supplemental Security Income)	\$ _____
Annuities or IRA	\$ _____
Dividend Income	\$ _____
Interest Income	\$ _____
<b>Total Basic Income per month:</b>	\$ _____

<b>ASSISTANCE FROM OTHERS</b>	
Assistance from family per month	\$ _____
Cash grants from other sources per month	\$ _____
<b>Total Grants and Assistance from Family:</b>	\$ _____

<b>RESIDENTS OF RETIREMENT FACILITIES</b>	
<b>If you live in a retirement facility (e.g., a CCRC or assisted living home) please list:</b>	
The monthly fee published in the facility's Schedule of Fees for units of the type you live in	
\$ _____	
The amount of any discount or financial aid the retirement facility provides to you each month	
\$ _____	

**CONTINUES ON REVERSE →**

**EXPENSES – List the amounts that you pay; don't include costs covered by assistance from facility or others [as listed on previous page].**

**Dollar Amount**

Mortgage or rent or monthly fee \$ \_\_\_\_\_

Medical (Insurance, Co-pays, Medicine) \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Utilities (Gas, Electric, Phone, Cable TV, Water) \$ \_\_\_\_\_

Vehicle or Public Transit \$ \_\_\_\_\_

Other *Please explain:* \_\_\_\_\_ \$ \_\_\_\_\_

**Total Monthly Expenses:** \$ \_\_\_\_\_

**Assets**

**Dollar Amount**

**Date of valuation:**

Savings Account \$ \_\_\_\_\_ \_\_\_\_\_

Checking Account \$ \_\_\_\_\_ \_\_\_\_\_

Money Market Account \$ \_\_\_\_\_ \_\_\_\_\_

Stocks, Bonds, Mutual Funds \$ \_\_\_\_\_ \_\_\_\_\_

Certificates of Deposit \$ \_\_\_\_\_ \_\_\_\_\_

Real Estate \$ \_\_\_\_\_ \_\_\_\_\_

Trust Funds \$ \_\_\_\_\_ \_\_\_\_\_

Other Assets - *Please explain:* \$ \_\_\_\_\_ \_\_\_\_\_

**Total Assets:** \$ \_\_\_\_\_

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Signature of Applicant

Date

If someone other than the applicant has filled out this form on behalf of the applicant, please sign, date, and print your name and relationship to the applicant below.

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Signature of person who prepared the Application and  
Financial Statement for the Applicant

Date

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Print name

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Relationship to applicant