



Greenleaf Granting Group Grant Application Form

DATE OF APPLICATION: _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ Street Apartment or Unit #

City State Zip

PHONE: _____ E-MAIL: _____

- RESIDENTIAL STATUS: (check all boxes that apply to you)
[] Live in a CCRC or other retirement facility
[] Live with spouse or others (please explain)
[] 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) _____

Multiple horizontal lines for providing details on grant usage.

If you aren't currently a grantee, tell us how you heard about Greenleaf? (Through the PYM website? From a friend or family member?) This information helps us help other people by informing how we do outreach.

Multiple horizontal lines for providing information on how the applicant heard about Greenleaf.

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

In lieu of paper signatures, we also accept emails from clerks affirming the above statement.

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

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 currently receiving a monthly Greenleaf grant or loan
 - Enclose a copy of all checking account statements for the last three months
- I am NOT currently receiving a monthly Greenleaf 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 monthly 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; we do not require personal statements

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 income/expense for each of the following.

HOUSEHOLD INCOME (please list combined household information)	Dollar Amount Are these amounts Monthly <input type="checkbox"/> or Yearly <input type="checkbox"/> ?
Employment and/or pension	\$ _____
Social Security	\$ _____
SSI (Supplemental Security Income)	\$ _____
Annuities, IRA, Trust income	\$ _____
Dividend and/or Interest Income	\$ _____
Other Income (for example: rental income)	\$ _____
Total Income:	\$ _____

ASSISTANCE FROM OTHERS per month	
Assistance from family & friends per month	\$ _____
Assistance from Greenleaf per month	\$ _____
Cash grants from other sources per month	\$ _____
Total Grants and Assistance from others per month:	\$ _____

RESIDENTS OF RETIREMENT FACILITIES
If you live in a retirement facility (e.g., a CCRC or assisted living home) please list:
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 →

HOUSEHOLD 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**

Are these amounts Monthly or Yearly ?

Mortgage or rent or other housing	\$ _____	
Medical (Insurance, Co-pays, Medicine)	\$ _____	
Food	\$ _____	
Clothing	\$ _____	
Utilities (Gas, Electric, Phone, Cable TV, Water, Internet)	\$ _____	
Transport (Vehicle/Gas, Public Transit, other)	\$ _____	
Other <i>Please explain:</i> _____	\$ _____	
Total 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 - <i>Please explain:</i>	\$ _____	_____
Total Assets:	\$ _____	

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.

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

Date

Print name

Relationship to applicant

Preparer email

Preparer preferred phone