



Attach pages as needed

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

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
First & Last

ADDRESS: \_\_\_\_\_  
Street Apartment or Unit #  
\_\_\_\_\_  
City State Zip

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

RESIDENTIAL STATUS: (check all boxes that apply to you) I live in...

- a Quaker retirement community     a Non-Quaker retirement facility     my own home
- a rental property     with spouse/ partner     with others (tenant, family, caregiver)     alone

IF you are a PHILADELPHIA YEARLY MEETING MEMBER please note Monthly Meeting (or note at-large)

If not a member, explain connection: \_\_\_\_\_

<b>AMOUNT REQUESTED: \$</b> _____ <b>TYPE OF GRANT Requested:</b> <input type="checkbox"/> One-Time <input type="checkbox"/> Monthly <input type="checkbox"/> Pocket Money
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CONTINUES ON REVERSE ➔

**Please specify how One-Time and/or Monthly grant would be used**

*(for example, 'to help with roof repairs', or 'for medical expenses')*

**Do you have a care coordinator from a social service organization? Name \_\_\_\_\_  
Phone and/or email \_\_\_\_\_**

<b>REQUIRED APPLICATION MATERIALS</b> Please black out social security and account numbers		Requesting any amount in 12 months	Pocket Money Requests
This Application Form	<input type="checkbox"/>	<i>Both pages</i>	<i>Page 1 only</i>
Financial Form	<input type="checkbox"/>	<i>yes</i>	<i>yes</i>
IRS Tax return – <i>most recent, if currently receiving AAGG monthly grant do not need to send</i> Check here if <b>not required to file:</b> <input type="checkbox"/>	<input type="checkbox"/>	<i>yes</i>	<i>no</i>
Bank statements – <i>last 3 months</i>	<input type="checkbox"/>	<i>yes</i>	<i>no</i>
Care Committee/ Meeting Clerk Signature	<input type="checkbox"/>	<i>yes</i>	<i>no</i>

I certify that all information in this application and financial form is correct to the best of my knowledge.

Signature of Applicant \_\_\_\_\_

Please ask the Clerk or Clerk of your Meeting's Care Committee to review all materials and affirm the following:

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

Signature \_\_\_\_\_

Title/Role \_\_\_\_\_

Phone \_\_\_\_\_

email \_\_\_\_\_

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

Date \_\_\_\_\_

\*If unable to obtain signature, contact PYM Aging Support Coordinator at 215-241-7068 or ssorkin@pym.org

I give consent for PYM AAGG to contact this person: (applicant sign) \_\_\_\_\_