



Applicant Name _____ Date of Application _____

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

I am applying to:

GreenLeaf

Aging Assistance

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

INCOME	Dollar Amount
Employment and/or pension	\$ _____
Social Security	\$ _____
SSI/SSDI	\$ _____
Annuities or IRA RMD	\$ _____
Dividend Income	\$ _____
Interest Income	\$ _____
Trust income	\$ _____
Total Basic Monthly Income:	\$ _____

ASSISTANCE FROM OTHERS	
Cash assistance from family/household	\$ _____
Veteran benefits/services	\$ _____
Cash grants from other sources (ie Greenleaf)	\$ _____
Source: _____	
Total household income	\$ _____
Total Grants from others plus Family Assistance:	\$ _____

RESIDENTS OF RETIREMENT FACILITIES (a CCRC or assisted living home)		
	Facility Contract Type:	Life Care Fee for service
The dollar amount of the monthly fee published in the facility's Schedule of Fees for units of the type you live in:		\$ _____
The amount of any monthly discount or financial aid from the retirement facility		\$ _____

EXPENSES	
Please list all of your actual monthly costs which you are responsible to pay yourself	
	Dollar Amount
Mortgage or rent or monthly fee (which? Circle one) Do you have a reverse mortgage? _____	\$ _____
Medical (Insurance, Co-pays, Medicine)	\$ _____
Food	\$ _____
Clothing/personal care	\$ _____
Utilities (Gas, Electric, Phone, Cable/internet, Water)	\$ _____
Vehicle or Public Transit	\$ _____
Debt payments (including credit card or loan repayment)	\$ _____
Other <i>Please explain:</i> _____	\$ _____
Total Monthly Expenses:	\$ _____

LIQUID ASSETS	Dollar Amount	Date of valuation: _____
Savings/Money Market/ CD Accounts	\$ _____	
Checking Account	\$ _____	
Stocks, Bonds, Mutual Funds	\$ _____	
Trust Funds	\$ _____	
Other Assets/Real estate - <i>Please explain below:</i>	\$ _____	
Total Assets	\$ _____	

Do you qualify for and/or receive public benefits (eg. SNAP, LiHEAP, Medicaid, PAAD...)? Yes No
 If yes, which ones and how much? _____

PYM Aging Assistance & Greenleaf Granting Groups Financial Form

Signature of Applicant _____ Date _____

If someone other than the applicant has filled out this application and/or financial 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 _____

_____ Phone _____
Print name

_____ Email _____
Relationship to applicant

Are you the financial power of attorney? _____ Please send copy of POA with application.

Any additional information you would like the committee to know: