



Applicant Name _____ Date of Application _____

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

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) | |
|--|----------|
| 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 *Please explain:* _____ \$ _____

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 - *Please explain below:* \$ _____

Total Assets \$ _____

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

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: