



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.

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

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

<b>RESIDENTS OF RETIREMENT FACILITIES (a CCRC or assisted living home)</b>		
	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		\$ _____

<b>EXPENSES</b>	
<b>Please list all of your actual monthly costs which you are responsible to pay yourself</b>	<b>Dollar Amount</b>
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> _____	\$ _____
<b>Total Monthly Expenses:</b>	<b>\$ _____</b>

**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 (eg. SNAP, LiHEAP, Medicaid, PAAD...)?    Yes    No  
If yes, which ones and how much? \_\_\_\_\_

I understand that establishing a financial power of attorney is required within one year of receiving a grant to remain eligible for future funding.    Yes

**Please send a copy of POA to [grants@pym.org](mailto:grants@pym.org)**

# PYM Aging Assistance & Greenleaf Granting Groups Financial Form

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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.

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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: