

Applicant Information

Full Name _____ Date _____
Last First M.I.

Address _____

Are you a full time resident? YES ☐ NO ☐ If no, please explain: _____

Phone _____ Email _____

Date of Birth _____ Age _____

Name of person completing form (if different from applicant) _____

What is the relationship of the person completing the form to the applicant?
 Self ☐ Spouse ☐ Child ☐ Other ☐ _____

What are the types of expenses for which financial assistance would be used?

- | | |
|---|---|
| ☐ Health insurance premiums | ☐ Transportation expenses (e.g. vehicle fuels, repairs, etc) |
| ☐ Medical bills (deductibles, co-payments, co-insurance) | ☐ Rent or mortgage payments |
| ☐ Prescription medications | ☐ Utility bills |
| ☐ Food | ☐ Other: _____ |

Benefits Information

Do you have health insurance? YES ☐ NO ☐

If YES, what type? MEDICARE ☐ MEDICAID ☐ PRIVATE ☐ OTHER ☐

If NO, have you applied for Medicaid or other health insurance? YES ☐ NO ☐

If you have applied, what is the status of that application? _____

Have you applied for Disability? YES ☐ NO ☐

If you have applied, what is the status of that application? _____

Are you receiving SNAP benefits (food stamps), cash assistance and/or HEAP through the Department of Social Services? YES ☐ NO ☐

If **YES**, what is the amount received for:

SNAP (food stamps) \$ _____

Cash Assistance \$ _____

HEAP \$ _____

If **NO**, have you applied?

YES
☐

NO
☐

If you have applied, what is the status of that application? _____

Income & Residency

Tell us about the applicant's living situation (please check all that apply)

OWN
☐

RENT
☐

STAY WITH FAMILY
☐

HOSPITAL/NURSING/OTHER
FACILITY
☐

OTHER
☐ _____

Number of People in Household: _____

Monthly Household Income: \$ _____

Total Liquid Assets: \$ _____

(the sum of all dollars in cash, checking and savings accounts)

All Other Assets:

Retirement Accounts \$ _____

Properties (other than the primary residence) \$ _____

Stocks, bonds and investments \$ _____

Summary

Why are you applying for Financial Assistance at this time? Please briefly describe the financial hardship that you are experiencing.

Amount requested from the fund: \$ _____

With my signature below, I attest that all information provided on this form is true and accurate.

Signature of Applicant: _____ Date: _____

Complete and return to:

**Senior Angels
Attn: A. Kelly
411 Main St. Catskill, NY 12414**

For Office Use Only

Determination of the Application Review Committee:

If assistance will be provided, what is the source?

CC Cancer Fund
☐

GC Cancer Fund
☐

Jan Koweek Fund
☐

Dyson Foundation
☐

Senior Angels
☐

If assistance will be provided, what is the associated P/O # _____