

**The Wiesner Memorial Senior Fund
Application for Assistance**

Date of Intake: _____ Staff Assisting/Agency: _____

Name of Applicant: _____ Date of Birth: _____

Applicant's Address: _____

Phone Number: _____ No. of Children: _____ Dependents: _____

Family's Ability to Assist: _____

Co-Applicant/Spouse: _____ DOB: _____ Phone Number _____

Please explain situation presenting need for assistance: _____

Amount Requested for Assistance: \$ _____

Please list any agency(s) along with a contact name and phone number that is currently working with applicant:

FINANCIAL INFORMATION

Source of Income:

Supplemental Security Income (SSI):

Applicant: \$ _____

Co-Applicant/Spouse: \$ _____

Social Security:

Applicant: \$ _____

Co-Applicant/Spouse: \$ _____

Pension:

Applicant: \$ _____

Co-Applicant/Spouse: \$ _____

Other Sources:

Applicant: \$ _____

Co-Applicant/Spouse: \$ _____

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Account Balances:

Checking: \$ _____ Savings: \$ _____ Other: \$ _____

Monthly Expenses:

Rent or Mortgage: \$ _____ Subsidized? _____ Property Taxes \$ _____

Homeowners/Renters/Property Insurance: \$ _____ Phone \$ _____

PG&E: \$ _____ Water: \$ _____ Other Utilities: \$ _____

Cable/Internet: \$ _____ Food: \$ _____ Special Dietary Needs? _____

Medical/Medication Expenses: \$ _____ Other Insurance: \$ _____

Car Payments: \$ _____ Car Insurance: \$ _____ Operational Expense.: \$ _____

Credit Obligations: List monthly payments and balances

Credit Cards (Visa, Mastercard, Store Accounts, Other):

Other Financial Obligations – Please provide information.

Total Monthly Expenses: \$ _____

I hereby certify that the above information is true and correct:

Applicant

Date