

Senior Assistance Fund

Name: _____

Address: _____

Telephone Number: _____ Date of Birth: _____

Amount of Income: \$ _____ Source: _____

_____ Weekly

_____ Monthly

_____ Annually

Proof of Income (Copy Attached):

_____ W-2 form

_____ Benefit letters from Social Security, VA, pension

_____ Medicaid, Food stamps, S.S.I.

_____ Pay stubs, interest

_____ Family Support letter

_____ Income Tax Form

_____ Other

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

