Hands to Help Seniors⁵⁵ because poverty knows no age.

APPLICATION FOR ASSISTANCE

NOTE: DOCUMENTATION REQUIREMENTS

Applicants must provide proof of age and income (in addition to signing the application).

See attached instructions for more information.

Name: SSN: Phone: Date of birth: SSN: Phone: Current address: ZIP Code: Owne Rent: Monthly Amount: How long?: Previous address: State: ZIP Code: Owned: Rented: Monthly Amount: How long?: Current employer: Employ address: Fax: Fax: Current employer: State: ZIP Code: Fax: Phone: State: ZIP Code: Fax: City: State: Salary: Annual income: Position: Hourly: Salary: Annual income: Additional Income: Hourly: Salary: Annual income: Mame of a relative not residing vity you: Salary: Annual income: Address: State: Vecode: Salary: Address: State: Salary: Phone: Cu				
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Current address:				
City: State: ZIP Code:				
Own: Rent: Monthly Amount: How long?:				
EMPLOYMENT INFORMATION				
Current employer:				
Employer address: How long?:				
Phone: E-mail: Fax:				
City: State: ZIP Code:				
Position: Hourly: Salary: Annual income:				
Name of a relative not residing with you:				
Address: Phone:				
City: State: ZIP Code:				
Relationship:				

BANK ACCOUNTS (CHECKING, SAVINGS, CD'S, STOCKS, BONDS, ETC)				
Name of Financial Institutions	Account no.	Current bala	ance Description of Account	
CREDIT CARDS				
Name	Account no.	Current bala	ance Monthly payment	
	MORTGAG	E COMPAN	Y	
Mortgage Holder	Address/Phone no.	Account no		
	AUTO	LOANS		
Auto loans	Account no.	Balance Monthly payment		
0	THER LOANS, DEB	STS, OR OBI	LIGATIONS	
Description	Account no.	Amount		
OTHER ASSETS OR SOURCES OF INCOME				
Description		Amount per month or value		
I authorize Hands to Help Senior employment history.	rs, Inc. to verify the i	nformation pr	covided on this form as to my credit and	
Signature of applicant			Applicant Date	
Signature of co-applicant, if for joint account			Co-Applicant Date	
Did you Remember to: ✓ Sign Your Application? ✓ Attach income documentation.				

PRIVACY ACT NOTIFICATION

The disclosure of Social Security Numbers for applicants is required in order to process the application. This number is being requested for tax administration purposes, financial status of the applicant, and will be used to facilitate the processing of reports and to establish and maintain a uniform system for identifying taxpayers for any lawful purpose. By giving us your Social Security or other personal information, you expressly authorize Hands to Help Seniors, Inc. to use this in order to verify financial information such as income, bank accounts and other assets used to determine eligibility. This number may also be disclosed as part of information contained in the taxpayer's return or to any department, person, agency or entity as may be required by law, or if the applicant gives written authorization to a third party. Failure to disclose your Social Security number will result in your application not being processed.

ELIGIBILITY REQUIREMENTS

Eligibility requirements that must be meet in order to receive assistance from Hands to Help Seniors, include but are not limited to:

- 65 years of age or older or legally disabled.
- Annual income of \$30,000.00 or less.
- Your annual expenditures are more than your annual income.
- The assistance requested is required to maintain a healthy and safe environment in your own home.

PLICATION INSTRUCTIONS

Section A: APPLICANT INFORMATION- Enter all information correctly.

Section B: EMPLOYMENT INFORMATION - Complete this section if you are currently employed. Also included any additional income that is not requested in Section E.

Section C: CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT - Complete this section if you are married, or have another person living with you and share income and expenses.

Section D: EMPLOYMENT INFORMATION - This is for the Co-Applicant.

Section E: BANK ACCOUNTS – List all bank accounts, certificate of deposits, money market accounts, stock holdings, bonds, etc. for everyone living in the house.

Section F: CREDIT CARDS - List all credit cards and there balances still owed.

Section G: MORTGAGE COMPANY - List all property's owned, address and phone number of mortgage holder, account number and current balance owed.

Section H: AUTO LOANS - List all automobiles with each of there account numbers, balance owed and monthly payment.

Section I: OTHER LOANS, DEBTS, OR OBLIGATIONS - Any other outstanding loans, debts, or obligations.

DOCUMENTATION REQUIREMENTS:

INCOME: Provide a copy of your federal income tax return for the year prior to your application, along with all W-2s (wage & tax statements) and 1099-SSAs (social security benefit statements). If a federal tax return was not filed, attach proof of each income item in Section B Appropriate proof of income includes W-2s, 1099-SSAs, 1099-Rs (pension & annuity retirement income), SSI letters, bank & brokerage account end of year statements and public assistance benefit letters.

SIGNATURE: Please sign and date the application. Without your signature, the application cannot be processed and will be returned to you. Mail completed application to:

Hands to Help Seniors, Inc. P.O. Box 655 Monterey, CA 93942