



Elder Community Grant Request Application

Please provide the following information listed below. You may submit a request if there is a financial need to support an individual age 55+ with home modifications, adaptive equipment, vehicle modifications, and assistive technology needs.

APPLICANT INFORMATION

NAME _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

HOW LONG AT THIS LOCATION _____ PHONE NUMBER _____

EMAIL ADDRESS _____

Number of people in your household (related & unrelated) _____

Are you employed _____ Current Employer _____

Gross Income \$ _____ (Weekly, Monthly, Yearly) _____

Income Sources:

Do you have a checking account? _____ Do you have a savings account? _____

Assets - Cash in Bank \$ _____ Stock/Bonds \$ _____ Retirement Accts \$ _____

MONTHLY EXPENSES

Include installment loans, credit cards, rent, mortgages etc.:

What other funding sources have you applied to for this project or items:

REQUEST DESCRIPTION

AMOUNT REQUESTED \$ _____

ITEM OR SERVICE REQUESTED _____

Narrative explaining present situation and reason for request:

Signature: _____ Date: _____

*Please return the completed request form to Dan Card at Daniel.Card@HRFNEPA.org