



## 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 \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

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](mailto:Daniel.Card@HRFNEPA.org)