



Celebrating Seniors Request for Funds Application

Date: _____

Name: _____

Address: _____

Phone: _____ E-mail: _____

Date of Birth: _____ Spouse's Date of Birth: _____

Resident of (Circle one): OP RF FP

Does this person qualify for Circuit Breaker? (Circle one): Yes No

If "No" does the person have the ability to repay the assistance? (Circle one): Yes No

Does this person have financial assets? (Circle one) Yes No (If "yes" check all that apply):

Real Estate Stocks Bonds Annuities Mutual Funds Certificate of Deposit

AMOUNT REQUESTED \$ _____

Description of Need: _____

For Office Use Only:

1. Must be 60 years of age or older Yes No
2. Must have a quantifiable need that can be remedied Yes No
3. Must qualify for Circuit Breaker Yes No
4. Must exhibit a financial need Yes No

Check one:

Client is approved. AMOUNT APPROVED \$ _____

Approved by: _____ Date Approved: _____

Client is denied. Was a rejection letter mailed? Yes No Date of mailing: _____

CSC representative completing this form: _____