

CONFIDENTIAL APPLICATION FOR GRANT

Name:				-
Age:	Telephone:		_ Marital Status:	
Address:				_
Name of Counseling Service counselor if used				
Your income, inclu	uding your spouse's (if	married), for the m	nost recent calendar year: \$	
Source(s) of incom	ne:			
			se of your spouse (if married):	
Consider the follow	wing:			
Manor: \$	Chec	king Acct.: \$	Savings Acct.: \$	
Annuities:	\$ Stoc	ks & Bonds \$	CD's \$	
Other				
			ou are seeking this grant.	
			ills in an envelope marked CONFIDENTIAI	
Grants Com	amittee, Rossmoor	Fund, P.O. Box	x 2070, Walnut Creek, CA 94595.	
I declare, under pe	nalty of perjury, that the	e foregoing is true	and correct.	
Executed this	day of	, 20,	at Walnut Creek, California	
Signature				

Rev. 071714