

ROSSMOOR
FUND

CONFIDENTIAL GRANT APPLICATION

Name: _____

Age: _____ Telephone: _____ Marital Status: _____

Address: _____

Name of Counseling Service counselor (if used): _____

Your income, including your spouse's (if married), for the most recent calendar year: \$ _____

Source of income: _____

Estimated value of your assets, including those of your spouse (if married):

Manor: \$ _____ Checking Acct.: \$ _____ Savings Acct.: \$ _____

CDs: \$ _____ Investments (stocks, bonds, mutual funds, etc.) \$ _____

Annuities: \$ _____ Retirement Accounts (IRAs, 401k, etc.): \$ _____

Other: _____ \$ _____

Requested grant amount: _____

Please describe the expense creating your personal financial emergency and the amount of grant sought:

Please submit this form, along with relevant expense estimates and bills, in an envelope marked CONFIDENTIAL to: Grants Committee, Rossmoor Fund, P.O. Box 2070, Walnut Creek, CA 94595

I declare, under penalty of perjury, that the foregoing is true and correct.

Signature: _____ Date: _____