

ROSSMOOR F U N D

CONFIDENTIAL GRANT APPLICATION

Name:		
Age:	Telephone:	Marital Status:
Address:		
Name of Coun	seling Services counselor (if used)	
Annual housel	nold income: \$	
Source of inco	ome:	
annuities, retir	ne of other assets: \$	(checking, savings, CDs, investments, include personal property (car, furniture, jewelry, etc.)
Requested gr	ant:	
☐ Financial of	emergency - amount: \$	
☐ Respite Ca	ire	
☐ Houseclean	ning	
☐ Home Rep	air	
Please provide	e details and attach supporting docu	mentation:
How did you	hear about the Rossmoor Fund?	
		an envelope marked CONFIDENTIAL to the in Gateway Clubhouse or mail to: Grant
Committee	, Rossmoor Fund, P.O. Box 2	070, Walnut Creek, CA 94595.
I declare, un	der penalty of perjury, that the f	oregoing is true and correct.
Signature:		Date: