



ROSSMOOR F U N D

CONFIDENTIAL GRANT APPLICATION

Name: _____

Age: _____ Telephone: _____ Marital Status: _____

Address: _____

Name of Counseling Services counselor (if used): _____

Annual household income: \$ _____

Source of income: _____

Estimated value of other assets: \$ _____ (checking, savings, CDs, investments, annuities, retirement accounts, etc.) (Please do not include personal property (car, furniture, jewelry, etc.) or the equity in your Rossmoor home (Manor)).

Requested grant:

- Financial Emergency - amount: \$ _____
- Respite Care
- Medical Alert Device
- Housecleaning
- Home Repair

Please provide details and attach supporting documentation: _____

How did you hear about the Rossmoor Fund? _____

Please submit this form & documentation in an envelope marked CONFIDENTIAL to the Rossmoor Counseling Services office located in Gateway Clubhouse or mail to: Grant 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: _____