

**Saline County Commission on Aging — 785-827-9818**  
**Senior Resource Fund — Request For Assistance**



Date: \_\_\_\_\_ Request Submitted By: \_\_\_\_\_

**Assistance Requested For (list all who will benefit from requested assistance):**

Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Date(s) of Birth \_\_\_\_\_ Social Security #(s) \_\_\_\_\_ # Persons In Household \_\_\_\_\_

**What assistance is needed, why is it needed, & who will provide it?** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(continue on back if necessary)*

**Financial Statement for Person(s) Who Will Benefit From Requested Assistance:**

<b>Monthly Household Income:</b>	
Source	Amount
_____	_____
_____	_____
_____	_____
<b>Monthly Household Expenses:</b>	
Item	Amount
Rent/Mortgage	_____
Utilities	_____
Food	_____
Phone	_____
Cable TV	_____
Insurance	_____
Medical	_____
Other:	_____
_____	_____
_____	_____

<b>Assets (\$ Value):</b>	
Item	Amount
Savings/CDs	_____
Investments	_____
Property-Home	_____
Property-Other	_____
Other:	_____
_____	_____
_____	_____
<b>Liabilities/Debts (\$ Value):</b>	
Item	Amount Owed
Credit Cards	_____
Line of Credit	_____
Mortgage	_____
Other Debts:	_____
_____	_____
_____	_____

- Estimated Total Cost of Assistance: \_\_\_\_\_
- Applicant Will Pay/Contribute: \_\_\_\_\_
- Amount Requested from Senior Resource Fund:** \_\_\_\_\_

I, the undersigned, verify the above statements to be true to the best of my knowledge:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Mail or fax completed application together with signed "Notice of Privacy Practices Acknowledgment" to:  
 Saline County Commission on Aging, 245 N. Ninth Street, Salina, KS 67401 fax 785-827-1516*

**For Office Use:** Approved \_\_\_ Denied \_\_\_ Tabled \_\_\_ Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_