

**BISHOP GRAY RETIREMENT FOUNDATION, INC.**  
**CONFIDENTIAL APPLICATION FOR FINANCIAL AID**

11/07/2018

**Applicant:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status:  S  M  W  D Do you rent home? \_\_\_\_\_ Do you own home? \_\_\_\_\_

If own home, what is estimated value of home? \_\_\_\_\_ Mortgage? \_\_\_\_\_

**Second Person:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

.....  
**Next of Kin and/or Responsible Party:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Telephone: \_\_\_\_\_

Zip \_\_\_\_\_ Telephone: \_\_\_\_\_

**Financial Data:**

**Assets (Less Encumbrances):**

|                             |    |       |
|-----------------------------|----|-------|
| 1. Equity in Residence      | \$ | _____ |
| 2. Other Real Estate Equity | \$ | _____ |
| 3. Financial Assets         |    |       |
| a. Stocks                   | \$ | _____ |
| b. Bonds                    | \$ | _____ |
| c. Mutual Funds             | \$ | _____ |
| d. IRA                      | \$ | _____ |
| e. Trusts                   | \$ | _____ |
| f. Savings                  | \$ | _____ |
| g. Checking                 | \$ | _____ |
| h. Other                    | \$ | _____ |
| TOTAL FIN. ASSETS           | \$ | _____ |
| TOTAL COMBINED ASSETS       | \$ | _____ |

|                              | Applicant | Second Person |
|------------------------------|-----------|---------------|
| <b>Gross Monthly Income:</b> |           |               |
| 1. Social Security           | \$        | _____         |
| 2. Pension/Retirement        | \$        | _____         |
| 3. Other*                    | \$        | _____         |
| 4. Other*                    | \$        | _____         |
| TOTAL MONTHLY                | \$        | _____         |
| TOTAL COMBINED MONTHLY       | \$        | _____         |

\*Note: Please identify investment from which income is derived.

| <b>Monthly Expenses:</b>   |    |       |
|----------------------------|----|-------|
| 1. Medical Insurance       | \$ | _____ |
| 2. Pharmacy Expenses       | \$ | _____ |
| 3. Addl. Med. Expenses     | \$ | _____ |
| 4. Rent                    | \$ | _____ |
| 5. Groceries               | \$ | _____ |
| 6. Utilities               | \$ | _____ |
| 7. TV/Internet/Phone       | \$ | _____ |
| 8. Transportation          | \$ | _____ |
| 9. Other (Please identify) | \$ | _____ |

