

BISHOP GRAY RETIREMENT FOUNDATION, INC.

CONFIDENTIAL APPLICATION FOR FINANCIAL AID

5/24/2023

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	Applicant	Second Person
a. Stocks	\$	_____
b. Bonds	\$	_____
c. Mutual Funds	\$	_____
d. IRA	\$	_____
e. Trusts	\$	_____
f. Savings	\$	_____
g. Checking	\$	_____
h. Life Insurance	\$	_____
g. Other	\$	_____
TOTAL FIN. ASSETS	\$	_____
TOTAL COMBINED ASSETS	\$	_____

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

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

Monthly Expenses:

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)	\$	_____

