



**Next Steps 4 Seniors Foundation**

**APPLICATION**

445 S. Livernois, Ste. 202  
Rochester Hills, MI 48307  
(248) 651-5010  
office@nextsteps4seniors.com

**\*Once completed, please mail to the above address or email to office@nextsteps4seniors.com**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First MI*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Are you a U.S. Citizen? YES NO

Are you: married single widowed

Do you or your spouse own a house? YES NO

Do you own or lease a car? YES NO If YES, \$ \_\_\_\_\_ Per Month

Do you have Long Term Care Insurance? YES NO

Are you currently receiving Veteran's Benefits? YES NO If YES, \$ \_\_\_\_\_ Per Month

Monthly Social Security: \$ \_\_\_\_\_ Monthly Pension: \$ \_\_\_\_\_

Monthly Disability: \$ \_\_\_\_\_ Other Income: \$ \_\_\_\_\_

Please list all assets in applicant's name:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. \_\_\_\_\_ 6. \_\_\_\_\_

**What type of assistance are you seeking from Next Steps 4 Seniors Foundation?**

- Respite Stay  Monthly Housing Grant
  - One Time Housing Support  Other \_\_\_\_\_
- Please Provide Explanation:*

Please check all activities that require assistance:

- Medication Assistance  Toileting
- Transfers/Ambulation  Dressing
- Showering/Bathing  Escorting
- Meal Prep/Feeding  Incontinence

**POA/Guardian/Emergency Contact**

**Please list at least one person that we may contact if we are unable to contact applicant.**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge. Please note: a current bank statement and a bank statement from 6 months ago needs to be included with application, as well as last year's Tax Returns.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Rev: 5/11/20