



Next Steps 4 Seniors Foundation
 445 S. Livernois, Ste. 202
 Rochester Hills, MI 48307
 (248) 651-5010

Marye Endowment Emergent Fund APPLICATION

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

Full Name: _____ Date: _____
 Address: _____ Apartment/Unit #: _____
 City: _____ State: _____ Zip Code: _____ County: _____
 Phone: _____ Email: _____
 Date of Birth: _____ Social Security No.: _____ Are you a U.S. Citizen? YES NO

Are you married / single / widowed? (Circle One)

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

Are you currently receiving Medicaid or the MI Choice Wavier? YES NO If YES, \$_____ Per Month

What type of assistance are you seeking from the Marye Endowment Emergent Fund?	
<input type="checkbox"/> One Time Housing Support	<input type="checkbox"/> One Time Home Modification
<input type="checkbox"/> One Time Utility Support	<input type="checkbox"/> Food Support
<input type="checkbox"/> One Time Bill Support	<input type="checkbox"/> Other (Please Specify) _____

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>I certify that my answers are true and completed 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.</i>
Signature: _____ Date: _____