



Lifespring Adult Day Services Financial Assistance Program

Applicant Name: _____ **Date of Birth:** _____

Current address of Applicant: _____

County: _____

Program Information

Is the participant currently enrolled in Lifespring? ☐ Yes ☐ No

Financial Information

Note: All information provided will remain confidential and will be used solely to evaluate scholarship eligibility. Financial information submitted should include all joint household accounts and assets, including those shared with a spouse.

Marital Status: ☐ Single ☐ Widowed ☐ Married ☐ Divorced ☐ Separated

ASSETS

Cash and Savings:

\$ _____ Bank: _____ Account Owner(s): _____

\$ _____ Bank: _____ Account Owner(s): _____

CDs, Stocks, Bonds, Mutual Funds, IRAs, 401Ks:

Type: _____ Amount: \$ _____ Institution: _____ Owner(s): _____

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Real Estate:

Address: _____ Estimated Value: \$ _____ Owner(s): _____

Address: _____ Estimated Value: \$ _____ Owner(s): _____

Life Insurance:

Face Value: \$_____ Cash Value: \$_____ Owner: _____

Has the applicant sold or transferred real estate in the past 5 years (60 months)? ☐ Yes ☐ No

If yes, Date(s): _____ Amount Received: \$_____

MONTHLY INCOME

Social Security: \$_____

Company Pension: \$_____

Veteran Pension: \$_____

Government Pension: \$_____

Rental Income: \$_____

Annuities: \$_____ (Details: _____)

Other: \$_____ (Details: _____)

LIABILITIES

Mortgage Balance: \$_____

Credit Card Debt: \$_____

Car Loan Balance: \$_____

Other (HELOC, loans, etc.): \$_____

TRANSFERS

Has the applicant transferred assets to a trust or similar instrument within the past 5 years? ☐ Yes ☐ No

If yes, explain: _____

Has the applicant transferred any other assets within the past 5 years? ☐ Yes ☐ No

If yes, explain: _____

Briefly describe your current financial situation:

Scholarship Consideration

Why should you be considered?

Hardship Assessment

☐ Temporary ☐ Ongoing

If temporary, will your situation improve?

Acknowledgment

- Applicant/POA hereby declares that all statements herein are true and complete to the best of our knowledge and belief, and that all assets and income listed are available to pay for Applicant's care.
- If approved, Applicant/POA agrees not to dispose of assets or income at less than fair market value.
- Applicant/POA also agrees to report significant changes in assets, liabilities, or income to the committee.
- Applicant/POA agrees to provide additional information periodically as requested.

Signature of Applicant/POA: _____ **Date:** _____

Printed Name: _____

Person Completing Application (if different from above): _____

Phone Number: _____

Email Address: _____

For Lifespring Use Only

Date Received:
