

CRESSWIND LL COMMUNITY FUND

Focus 55+

One-Time Grant Application

Referral Contact				Date	
Referral Source				Grant #	
Applicant					
1	First Name	Last Name		Gender M F	
	Occupation	Employer		Full-time Retired	Part-time Disabled
2	First Name	Last Name		Gender M F	
	Occupation	Employer		Full-time Retired	Part-time Disabled
Street Address		City	State GA	Zip	Contact Phone
Hall County Resident		Email:			
Yes No	Marital Status:		Single	Married	Separated
How Long:	Divorced	Widowed	Other:		
Others in Household					
	Name	Relationship	Gender M F		Age
1			M F		
2			M F		
3			M F		
Financial Information					
Income	Monthly	Expense		Monthly	Outstanding
Employment		Rent/Mortgage			
Social Security		Electricity			
Retirement		Water/Sewer			
Child Support		Gas/Propane			
TANF (AFDC)		Telephone			
Unemployment		Internet/Cable			

Workers Comp		Medical		
Veterans Benefit		Car Payments		
Food Stamps		Food (Cash & Food Stamps)		
Other:		Insurance – Home		
		Insurance – Car		
		Insurance – Medical		
		Other:		
Total		Total		
Others in Household				
	Names		Gender	Age
1				
2				
3				

The following information is to be completed by *Cresswind LL Community FundSM*.

Description of Situation			
Monetary Requests			
Vendor Name & Address	Customer Name	Account Number	Amount

Gift Cards			
Total Amount (Vendors and Gift Cards)			
Non-Monetary Requests (Services or Goods)			
Description			
Board Approval			
Date:			