



Next Steps 4 Seniors Foundation

455 S Livernois, Ste. B-21
Rochester Hills, MI 48307
248-651-5010
nextsteps4seniorsfoundation@gmail.com

APPLICATION

Full Name: Last First MI Date:

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? (Circle One)
Do you or your spouse own a house? YES NO
Do you own or lease a car? YES NO If YES, \$ Per Month
Are you a veteran? YES NO 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.

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: