



# SENIOR EMERGENCY FINANCIAL ASSISTANCE

*First Name	*MI	*Maiden Name	*Last Name
*Date of Birth (MM/DD/YYYY) ____/____/____		*Are you over 60 years old, or disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Home Phone	Alternate Phone		Email Address
*Address <input type="checkbox"/> Apartment complex?		*City	*Zip Code
<b>*Relationship/Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Declined to State <b>*Head of Household?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*Veteran Dependent:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*Rural:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Education Level:</b> <input type="checkbox"/> Completed 8 <sup>th</sup> grade <input type="checkbox"/> Completed 9 <sup>th</sup> - 11 <sup>th</sup> grade <input type="checkbox"/> Completed 12 <sup>th</sup> grade <input type="checkbox"/> 1-3 yrs of college <input type="checkbox"/> 4 yrs of college <input type="checkbox"/> over 4 yrs of college <input type="checkbox"/> Unknown		<b>*Estimated household income</b> \$ _____  <input type="checkbox"/> Individual <input type="checkbox"/> Household <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Below Poverty <input type="checkbox"/> Above Poverty <input type="checkbox"/> Receiving Social Security	
<b>*Cognitive Impairment:</b> <input type="checkbox"/> None <input type="checkbox"/> Early Onset Dementia <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Alzheimer's Disease <b>*Disability:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*Stroke:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*History of Mental Illness:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>*Lives Alone?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Lives with: _____ # in household: _____		<b>*Social Worker/Caregiver Contact Info:</b> _____ _____	
<b>*Emergency Contact</b> Name: _____ Phone: _____ Email: _____ Relationship: _____		<b>*Race/Ethnicity (check all that apply)</b> <input type="checkbox"/> White <input type="checkbox"/> Cambodian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black <input type="checkbox"/> Laotian <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Chinese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian <input type="checkbox"/> Declined to State <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Japanese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan	
<b>*Gender Identity:</b> <input type="checkbox"/> Not Answered <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Genderqueer/Gender Non-Binary <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Not Listed/Other, Please Specify _____			
<b>*Sex at Birth:</b> <input type="checkbox"/> Not Answered <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Declined/Not Stated			
<b>*Sexual Orientation:</b> <input type="checkbox"/> Declined/Not Stated <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/Lesbian/Same Gender Loving <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Not Listed/Other, Please Specify _____			
<b>Employment (Optional):</b> Current/Previous Employer: _____  Employer Address: _____  Supervisor's Name: _____  Supervisor's Contact Info: Phone: _____ Email: _____			

Please Indicate:  Family  Individual

**Household Family Members:**

First Name	Last Name	Date of Birth	Relationship	School (If applicable)

Are you currently receiving unemployment?  Yes  No

Have you applied for, or are you receiving financial assistance?  Yes  No

If yes, please explain \_\_\_\_\_

(Answering yes does not preclude you from receiving assistance.)

**Requesting assistance for:**  Rent/Mortgage  Utilities  Other

Please describe your particular circumstance that caused your situation requiring additional assistance. Explain your financial need and the amount you are requesting under each category.

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After application is reviewed and you are eligible for assistance, you will be directly contacted by the Family Resource Center staff for next step.

If eligible, the following will be required:

- ✓ Completed Senior Assistance Program Application
- ✓ Past due utility bills
- ✓ Landlord/Bank/Property Owner copy of lease, verification form and W-9
- ✓ Provide copies of your most recent bank statements for all of your accounts.

Assistance will be paid directly to the vendors.

I hereby declare under penalty of perjury that the information and statements made on this application are true and correct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please save this form and email it to [Klara@ci.benicia.ca.us](mailto:Klara@ci.benicia.ca.us). If not completing this online, please drop off application, or email, to the Family Resource Center at the Benicia Police Department, 200 East L Street.

For more information contact Family Resource Center at 707-746-4352.

<p><b>For Office Use Only:</b></p> <p>Application is <input type="checkbox"/> Approved <input type="checkbox"/> Declined</p> <p>If declined, state reason(s): _____</p> <p>_____</p> <p>_____</p>
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