

MAKING A DIFFERENCE FOUNDATION SENIOR DREAM WISH PROGRAM



PURPOSE

Senior Dreams Wish Program grants wishes to seniors 65 years of age or older who do not have the means or resources to fulfill the wish on their own. The types of wishes can include immediate needs, life celebration, or bucket list wishes.

ELIGIBILITY

- Must be age 65 or older and live in Pierce County in Washington State
- Seniors whose annual income is \$18,000 (\$1,500 monthly) are eligible, as are seniors living in subsidized/low-income housing

APPLICATION PROCESS

Seniors or those wishing to nominate a senior for this program can apply online or download the application from MADF's website and mail it to MADF. Applications will be reviewed by MADF on a rolling basis and we will do our best to respond within 30 days of the application being received. MADF will make exceptions for urgent needs that are noted on the application. While we try to help as many seniors as possible, submitting an application for the supplemental income does not guarantee approval.

ADDITIONAL INFORMATION

- MADF reserves the right to deny requests should it conflict with our organization's mission or purpose.
- Each senior is limited to one year after which time they will have to reapply.

**THE MAKING A DIFFERENCE FOUNDATION REQUIRES THAT APPLICANTS SEND THEIR
PROOF OF INCOME VIA:**

MAIL:

MAKING A DIFFERENCE FOUNDATION
4218 S STEELE STREET, SUITE 215
TACOMA, WA, 98409

OR

EMAIL:

INFO@THEMADFSEATTLE.ORG

**PLEASE BE SURE THAT THE APPLICANTS NAME IS PROVIDED CLEARLY ON THE
PROOF OF INCOME.**

I hereby affirm that all the above stated information provided is true and correct to the best of my knowledge. I also give MADF permission to contact third parties to verify the above information. I hereby understand that if chosen as a senior supplemental program recipient, I must provide MADF with financial verification of my position before any funds are received.

Signature of Applicant:

Date:

APPLICANT INFORMATION

FIRST NAME:

LAST NAME:

DOB:

EMAIL ADDRESS:

PHONE NUMBER:

STREET ADDRESS:

CITY:

STATE:

ZIP:

MAILING ADDRESS (if different than above)

STREET ADDRESS:

CITY:

STATE:

ZIP:

MONTHLY INCOME:

SOURCE OF INCOME:

DO YOU HAVE A SAVINGS ACCOUNT, AMENITIES, BROKERAGE ACCOUNT, OR OTHER SOURCES OF FUNDING?

IF YES, PLEASE LIST THEM AND THE AMOUNT IN THE ACCOUNT:

IS ANYONE ELSE PROVIDING FINANCIAL ASSISTANCE FOR YOU EACH MONTH?

IF YES, PLEASE EXPLAIN AND INCLUDE THE AMOUNT:

WHAT TYPE OF WISH ARE YOU APPLYING FOR (IMMEDIATE NEED, LIFE CELEBRATION, OR BUCKET LIST WISHED)?