

MAKING A DIFFERENCE FOUNDATION SENIOR SUPPLEMENT APPLICATION



PURPOSE

In this tough economy, many seniors who live on limited, fixed incomes struggle to make ends meet and provide for their basic necessities. Some live solely on small Social Security checks, pensions, or other government benefits that barely cover the cost of food, housing, and prescriptions.

MADF's newest program is designed to help these seniors who are in need of assistance. Seniors can be nominated or apply themselves to receive a small supplemental income from MADF of \$100 to purchase personal care and household incidentals. This \$100 will come in the form of a prepaid cash debit card to approved seniors monthly. Supplemental funding will be for a 12-month period per approved senior. After that year, seniors will have to reapply for assistance.

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.

MADF FUNDING RESTRICTIONS

While MADF cannot guarantee approval of any supplemental funding request as it is based on available funding. Supplemental funding cannot be used for:

- Medical care or items that are normally paid by insurance or Medicare, etc.
- Housing reconstruction or home repair items
- Items that are a non-necessity

ADDITIONAL INFORMATION

- MADF reserves the right to deny requests should it conflict with our organization's mission or purpose.
- Each senior is limited to supplemental funding for 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:

WHY DO YOU NEED THE SENIOR SUPPLEMENTAL PROGRAM FUNDS? HOW WOULD YOU USE THEM? PLEASE EXPLAIN: