

Leisure World Cares Fund (LWCF)

Application Policy and Process (Rev 7.7)

Policy

The purpose of this policy is to state eligibility requirements, applicant responsibilities, and the LWCF review and award processes.

- Applicant must complete the required LWCF application and agree to disclose all sources of income and assets at the time of application and during the time of assistance.
- Applicant must show over the course of assistance that they have conserved their own resources to the extent that basic healthcare and normal life expenses are covered in order to be eligible for future assistance.
- Assistance is for a 12-month period, but may be renewable upon completion of a new application.
- Assistance is in amounts up to \$200 a month and is based upon available resources and donations to the LWCF.
- LWCF Aid payments will be made to the Golden Rain Foundation for HOA fees.
- Repayment through financial mechanisms is an option, but not a requirement.
- Designated donations and assistance are to be allowed on a case-by-case basis.
- All standard non-discrimination standards will be adhered to but to preserve the dignity of the applicant the Fund reserves the right to refuse service.

Application and Review Procedure

- Applicant completes and submits initial application either online or in paper form to the LWCF Client Services Committee (LWCF CSC) for initial review.
- The LWCF CSC (or Designee) reviews the application form for completion and initiates the full financial worksheet with the Applicant.
- The completed Applicant Financial Worksheet and other Applicant information, as available, is then sent to the Client Services Committee for consideration. Interviews with the Applicant may be required.
- All Applicant information, in particular health related and credit information, shall be kept confidential and under the purview of the LWCF Executive Committee.

Application Leisure World Cares Fund (Rev. 7.7) Client ID _____

Financial Worksheet - Monthly Expenses

Complete this form as completely and accurately as possible. If you need assistance, please contact the Leisure World Cares Fund. The number is listed at the bottom of this application.

Applicant Name(s) _____

Address _____ **Mutual #** _____ **Unit #** _____

Telephone # (____) _____ **Email address:** _____

How long lived in Leisure World _____ **Have relatives/heirs? Yes** _____ **No** _____

Living Expenses

Monthly Total (\$)

- | | |
|---|------------------|
| <input type="radio"/> Electric Bill | _____ |
| <input type="radio"/> Food | _____ |
| <input type="radio"/> EBT/ SNAP/ Yes. ____ No ____ Other. _____ | |
| <input type="radio"/> Meals on Wheels Yes ____ No ____ | |
| <input type="radio"/> Phone, TV, Streaming, Internet | _____ |
| <input type="radio"/> Car expenses – payment, insurance, gas, other | _____ |
| <input type="radio"/> Homeowners Insurance | _____ |
| <input type="radio"/> Credit Card balances, total owed | _____ |
| <input type="radio"/> Total of monthly payments made | _____ |
| <input type="radio"/> Health Insurance costs (SCAN, etc.,) Medicare? Yes ____ No ____ | _____ |
| <input type="radio"/> Over the Counter medical expenses | _____ |
| Are there prescriptions you are not filling? | Yes ____ No ____ |
| Are you receiving Medicaid/MediCal benefits? | Yes ____ No ____ |
| Are you receiving VA benefits? | Yes ____ No ____ |
| Do you have a recognized disability? | Yes ____ No ____ |
| <input type="radio"/> Non-recurring expenses | _____ |
| <input type="radio"/> Recreation costs | _____ |
| <input type="radio"/> Current Monthly Assessment and other HOA related expenses | _____ |

Total Monthly Expenses _____

How are your HOA expenses paid? Check ____ Auto bank withdrawal ____

Do you have delinquencies, demand letters, outstanding loans, etc.,? Yes ____ No ____

Use the space below (& on the back) to provide more information. _____

Financial Worksheet - Cash Assets and Income

To make an eligibility determination the following documents for the previous calendar year are required. Copies are acceptable.

- Federal & State Tax Returns
- Social Security income or SSI disability income statements
- Bank statements both saving and checking accounts
- SNAP authorization document.
- Investment account statements
- Other assets, cash, accounts, homes, stock... (list)

Monthly income (\$): (Please specify sources of income)

Social Security Income _____ Pension _____ Investments _____

SNAP / EBT _____ Other Sources _____

Total monthly Income all sources: _____

Total Cash Assets/Reserves _____

Non-Cash Assets

For verification of ownership, have available clear title of automobiles, real estate and Trust agreements.

Do you have a trust? Yes ___ No ___ Is repayment an option you'd consider? Yes ___ No ___

Financial Information Summary

Stated Monthly Income _____, less Monthly Expense _____ = Difference _____

Total annual shortfall. _____ Amount of monthly aid requested _____

What will you do with the monthly aid? _____

The information provided here is true and complete to the best of my understanding. I understand that my application may not be a good fit to the objectives of the Leisure World Cares Fund. This application is submitted with the understanding that the Fund reserves the right to not award at this time without providing a specific reason.

Signature _____ Print Name _____ Date _____

For assistance call (562)262-8280 or email lwcares@lwcaresfund.org Form rev. 7.7