Leisure World Cares Fund (LWCF)

Application Policy and Process (Rev 8.2)

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 forms may be submitted by calling (562)262-8280 for form pick up.

Application Leisure World Cares Fund (Rev. 8.2) 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 ($)**

- Electric Bill _____
- Food _____
  - Use Food box? Yes. ____ No ____ Other. _____
  - Meals on Wheels Yes_____ No_____
- Phone, TV, Streaming, Internet _____
- Car expenses – payment, insurance, gas, other _____
- Homeowners Insurance _____
- Credit Card balances, total owed: _____
  - Total of monthly payments made _____
- Health Insurance costs (SCAN, etc.,) Medcare? Yes___No__ _____
- Medication and medical care related expenses _____
- Over the Counter medical expenses / supplements _____

  Are there prescriptions you are not filling? Yes ____ No ____

  Are you receiving MediCal benefits? Yes ____ No ____

  Do you have a recognized disability? Yes ____ No ____
- Current Monthly HOA carrying charges _____
- Other expenses_____ _____
- Other expenses_____ _____
- Other 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 Client ID _____

To make an eligibility determination the following documents for the previous calendar year may be required. Copies are acceptable. Everything will be returned after the interview:

- Recent Federal Tax Returns
- Social Security income or SSI disability income statements
- Recent 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 Income Sources _____

Total monthly Income all sources: _____ Total Cash Assets/Reserves_____

Non-Cash Assets

Other non-cash Assets _____

Do you have a trust? Yes___ No ___ Is repayment upon sale of your unit an option you'd consider? Yes___ No___

Financial Information Summary

Stated Monthly Income_____, less Monthly Expenses_____ = Difference _____

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 help with or to submit form call (562)262-8280 or email lwcares@lwcaresfund.org

Form rev. 8.2