

Leisure World Cares Fund (LWCF)

Application Policy and Process

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.
- 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.
- The completed Applicant Financial Worksheet and other Applicant information, as available, is reviewed by the Client Services Committee. 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

Client ID _____

Complete this form as completely and accurately as possible. If you need assistance, please contact the Leisure World Cares Fund.

Applicant Name(s) _____

Address _____ Mutual # _____ Unit # _____

Telephone # (____) _____ Email address: _____

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

Living Expenses**Monthly Total (\$)**

- ☐ HOA Fees _____
- ☐ Homeowners Insurance _____
- ☐ Electricity _____
- ☐ Internet / TV / Phone _____
- ☐ Groceries / Household supplies _____
- ☐ Meals out (Coffee / Fast food / etc.) _____
- ☐ Meals on Wheels? __Y__N Food Box? __Y__N
- ☐ Car Payments / Gas / Insurance / Maintenance _____
- ☐ Other Transportation _____
- ☐ Medicare __Y__N MediCal __Y__N
- ☐ Health Insurance _____
- ☐ Medications / Supplements / Pharmacy _____
- ☐ Other Medical (Dental / Vision / Caregiver/ ...)
- ☐ Subscriptions (Streaming / Delivery ...)
- ☐ Life Insurance _____
- ☐ Clothing / Entertainment / _____
- ☐ Donations (Church / Others / ...) _____
- ☐ Cash withdrawals (not included above) / Other _____
- ☐ Credit card: How many? ____ Total of payments _____
 - ☐ Total Credit card balances: _____
 - ☐ Any delinquencies, loans... _____

Total Monthly Expenses: _____

Use this space to explain or provide more information:

Application Leisure World Cares Fund**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:

- Two months recent bank statements both saving and checking accounts
- Recent Federal Tax Returns (If returns are filed)
- Social Security income & SNAP statements (if not shown on bank statement)
- Investment account statements
- Records describing other assets, cash, accounts, homes, stock...

Monthly income:**Social Security Income \$** _____ **Pension/SSA \$** _____ **Investments \$** _____**SNAP / EBT \$** _____ **Other Income Sources \$** _____**Total monthly Income all sources:** _____**Total monthly Expenses:** _____**Monthly Income less Expenses:** _____**Other Financial Assets: Cash/Savings: \$** _____ **Non Cash: \$** _____**What is the value of other real estate or retirement accounts:** _____**How are your HOA expenses paid? Check** _____ **Auto bank withdrawal** _____**Do you have a trust? Yes** _____ **No** _____**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**