

MOBILE SENIOR COALITIONS APPLICATION REQUIREMENTS

MUST BE 55 OR OLDER TO APPLY – NO EXCEPTIONS

Eligibility for participation will be based on meeting the most current HUD 80% median low income guidelines:

For Baldwin County: - \$35,500 for one person - \$40,600 for two people

For Mobile County: - \$30,200 for one person - \$34,500 for two people

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR FUNDING VERIFICATION NO EXCEPTIONS:

Last 2 months bank statements

Last 2 months utility bills – power/water/gas/phone/cable

Last 2 months mortgage/rent statements

Photo ID

- 1) The Joint Coalition Assistance Fund Committee is responsible for reviewing and approving applications.
- 2) The committee meets as needed, usually once a month. A minimum of one week is required for processing requests.
- 3) Application MUST be submitted by members only and MUST be fully completed to be considered
- 4) Assistance will be limited to seniors who live in Baldwin and Mobile Counties.
- 5) The maximum one time only amount to be given for assistance to any one cause or individual will be \$600
- 6) Funding cannot be used to pay for items or services already purchased.
- 7) The Coalition member should make a reasonable effort to find an appropriate price for the requested product or service before sending application to the board,

PLEASE EMAIL COMPLETED FUNDING APPLICATIONS TO:

Cindy Dahmer - VP of Coalition Assistance Fund

251-895-2508

cindy.dahmer@gentivahs.com

MOBILE SENIOR COALITIONS ASSISTANCE FUND APPLICATION

Date of Application _____

Member of Mobile Senior Coalition Referring _____ Phone _____

APPLICANTS INFORMATION

Applicants Name _____

DOB _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Place Of employment _____

Spouse Name _____ DOB _____

Place of Employment _____

Living Situation: Number living in home _____

Relationship to the applicant _____

TOTAL MONTHLY INCOME (must include spouses)

Total Household Income \$ _____

Source(s) of Income _____

MONTHLY EXPENSES

RENT/MORTGAGE \$ _____

UTILITIES

POWER \$ _____

PHONE \$ _____

WATER \$ _____

INTERNET/TV \$ _____

GAS \$ _____

MISCELLANEOUS EXPENSES/DEBT (credit card, bank loans, car loans, Medical etc.)

Company? _____ Amount owed? _____

Company? _____ Amount owed? _____

Company? _____ Amount owed? _____

WHAT IS YOUR NEED FOR ASSISTANCE?

Amount of funding requested \$ _____

How much is applicant able to contribute? \$ _____

QUESTIONS???

Contact Cindy Dahmer

251-895-2508

cindy.dahmer@gentivahs.com

THIS SECTION FOR BOARD USE ONLY

APPLICATION APPROVED: _____

APPLICATION DENIED: _____

Reason For Denial: _____

Send check to: Supplier Name _____

Attention: _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____