

Angel Fund Application

The information requested on this form is used by Sequel for the purposes of qualifying seniors to utilize Elder Angel Funds. All information is kept confidential.

Last Name: _____ First Name: _____ Middle Initial: _____

Other "also known as" names: _____ Male
 Female

DOB: _____ Spouse or partner's name: _____

Current Marital Status: _____ Telephone Number: _____

- Married
- Divorced
- Widowed
- Single
- Other

Residential Street Address: _____
Address City State Zip

Name of person conducting intake: _____

Why are you applying for Elder Angel Funds:

Amount Requested (please attach or email us supporting documentation) \$ _____

Are you, or is your spouse a Veteran? Yes No

Are you receiving Social Security? Yes No

Do you receive: Medicare Medicaid

Is your income BELOW the national poverty level? Yes No
(see table below for income levels)

Persons in Household	Annual Income	Monthly Income
1	\$12,880	\$1073.33
2	\$17,420	\$1,451.67
3	\$21,960	\$1,830.00
4	\$26,200	\$2,183.33