

**APPLICATION FORM
FOR AID FROM
DANIA–DANNEBROG SENIOR ASSISTANCE FUND
(OAF)**

You must make a full and truthful report of Your financial circumstances

This application is to be completed as fully as possible.

1. _____ Name _____ of _____ applicant

Address _____

2. Date of birth _____ Year of initiation _____ Member of branch _____
of _____ (location)

3. Does the applicant have any dependents? Yes [] No [] If yes, please state relationship

4. Monthly Income and Expenses

Monthly Income	\$	Monthly Expenses	\$
Social Security		Housing	
Retirement Income		Food	
Rental Income		Medical	
Other Income:		Utilities	
		Transportation	
		Other Expenses:	
Total Income		Total Expenses	

5. Health of Applicant _____

6. Please note any medical plans that assist in your medical costs:

Date _____ Signature of applicant _____

President _____

Secretary _____

Treasurer _____

INVESTIGATING COMMITTEE

(3 Members of applicant's home lodge, to be completed with the applicant present.)

CONFIDENTIAL REPORT

1. Have you determined the facts as stated on this application to be true? Yes [] No []

2. Financial Information

Assets	\$	Liabilities	\$
Home		Home Mortgage	
Other Properties		Other Properties Mortgage	
Stocks/Bonds/Investments		Auto Loan(s)	
IRA/Pension Fund		Other Loans	
Auto(s)		Other Indebtedness:	
Other:			
Total Assets		Total Liabilities	
		Net Worth	

Have you gone over and explained the above with the Applicate in person? Yes [] No []

3. Have you determined if the applicant would qualify or is already enrolled in any of the following Financial Assistance programs? Yes [] No []

- a. Cards available for Prescriptions;
- b. Health Care for those with low income;
- c. Med-Cal;
- d. SSI (see Social Worker);
- e. PG&E assistance;

4. Do you recommend assistance to be given this applicant? Yes [] No []

5. State other pertinent data in regard to applicant together with reason for approving this applicant.

_____ (attach additional Page)

6. It is crucial that the Investigating Committee state the monthly funds requested from the SAF \$ _____

(Please read the Senior Assistance Fund Laws before signing this questionnaire)

Investigating committee's signatures:

1. _____
2. _____
3. _____

If you need any assistance or if you have questions regarding this investigation, please call the Grand Secretary at 831 426-4623

Please send this completed form to the Grand Secretary of Dania
Tim Heer, Grand Secretary Dania
487 Paradise Park
Santa Cruz, CA 95060-7005