



SILVER STREAK SENIOR SOLUTIONS

Grant Application

Thank you for your interest in Silver Streak Senior Solutions. Our mission is to help seniors aged 55+ maintain their independence and quality of life through financial assistance for essential needs. Please complete this application thoroughly. All information will be kept confidential.

APPLICANT INFORMATION

Full Name: _____

Date of Birth: _____ Age: _____

Phone Number: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

County: _____

Household Size: _____ Emergency Contact: _____ Phone: _____

Preferred Contact Method: ☐ Phone ☐ Email ☐ Text

Best Time to Reach You: ☐ Morning ☐ Afternoon ☐ Evening

How did you hear about Silver Streak Senior Solutions?

FINANCIAL INFORMATION

Total Annual Household Income: \$ _____

(Must be \$90,000 or less to qualify)

Total Liquid Assets (savings, checking, cash): \$ _____

(Must be \$25,000 or less to qualify)

GRANT REQUEST DETAILS

☐ Emergency (Immediate need) ☐ Non-Emergency

Type of Assistance Needed (check all that apply):

☐ Home Repairs ☐ Vehicle Repairs ☐ Age-in-Place Modifications

☐ Utilities ☐ Food ☐ Rent/Housing ☐ Medical ☐ Other: _____

Amount Requested: \$ _____

(Maximum \$2,500 per tax year)

DETAILED EXPLANATION

Please explain your situation and why you need this assistance:

Have you applied for other assistance for this need? ☐ Yes ☐ No

If yes, please explain: _____

Have you previously received a grant from Silver Streak? ☐ Yes ☐ No

If yes, when and for what purpose? _____

REQUIRED DOCUMENTATION

Please attach or email the following documents with your application:

- ☐ Proof of Age (driver's license, birth certificate, or government ID)
- ☐ Proof of Address (utility bill, lease agreement, or bank statement)
- ☐ Proof of Income (tax return, Social Security statement, pay stubs, or pension statement)
- ☐ Proof of Liquid Assets (bank statements for all accounts)
- ☐ Invoice or Estimate for repair/service (if applicable)

You may email documents to: [your email] or mail to: [your address]

GRANT AGREEMENT & CONDITIONS

By signing this application, I understand and agree to the following:

- 1. Eligibility:** I am 55 years or older, have household income under \$90,000, and liquid assets under \$25,000.
- 2. Annual Limit:** I may receive up to \$2,500 in grants per tax year.
- 3. Documentation:** I agree to provide proof of completion (photos, receipts, invoices) within 30 days of receiving funds.
- 4. Truthfulness:** All information provided is true and accurate to the best of my knowledge.
- 5. Verification:** Silver Streak may verify information and request additional documentation.
- 6. Use of Funds:** Funds will be used only for the stated purpose in this application.

MEDIA RELEASE (OPTIONAL)

To help us share the positive impact of our work and inspire community support, we may wish to share success stories. We respect your privacy and will only use initials and town/city.

☐ YES, I give permission for Silver Streak to share my story (using initials only) and photos of the completed work in promotional materials, social media, and fundraising efforts.

☐ NO, I prefer to keep my grant private and do not wish my story or photos to be shared.

APPLICANT SIGNATURE

I certify that all information provided is true and complete.

Signature: _____ Date: _____

Print Name: _____

PROCESSING TIMELINE

Emergency Applications: You will be notified of the board's decision within 7 days of receiving your complete application.

Non-Emergency Applications: Applications are reviewed at our regularly scheduled monthly board meeting. You should receive notification of the decision within 50 days of submitting your complete application.

For Office Use Only: Application Received: _____ Reviewed By: _____ Approved: ☐ Yes ☐ No

Grant ID: _____ Amount Approved: \$ _____ Date Sent: _____