

Application for Ladd/Helbling Fund Assistance

Applicant

Name: _____ Marital Status: M/S/D/W

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Social Security No. _____

Date Retired _____ Present Amount of Monthly Pension \$ _____

Date of Birth _____ eMail Address: _____

Reason for Financial Assistance _____

Dependents of Applicant

Name	Address	Relationship	Age
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Other Contacts for Additional Information

Name	Address	Relationship	Age
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Application for Ladd/Helbling Fund Assistance (cont'd)

Explain why you cannot use your present assets to relieve your financial burden:

Explain why you have unusual or large expenses such as food, transportation, etc.

Do you have any large medical bills not covered by health insurance?

Have you applied (but not required to apply) for:

• **Welfare** No Yes _____
Date Applied
 Approved Denied Pending

• **Food Stamps** No Yes _____
Date Applied
 Approved Denied Pending

• **Housing Assistance** No Yes _____
Date Applied
 Approved Denied Pending

Applicant's Signature _____
Date

Return to: **Ladd/Helbling Fund**
 % Patricia J. Schwafel
 P. O. Box 1046
 Benicia, CA 94510

Questions: 707-643-6692