

**CHRISTMAS BENEVOLENT FUND APPLICATION  
CONFIDENTIAL**

NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

NAME AND ADDRESS OF NEXT OF KIN, ATTORNEY, ETC., TO CONTACT SHOULD THE NEED ARISE:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
 \_\_\_\_\_

**FAMILY FINANCIAL INFORMATION (For Those who have special needs. Please Provide Annual Figures)**

Please include me, based on the following financial information.

| <b>Assets:</b>   |          | <b>Estimated Annual Income</b> |
|--|----------|--------------------------------|
| a. Checking Account Balance                                  | \$ _____ |                                |
| b. Savings Account Balance                                   | \$ _____ | \$ _____                       |
| c. Investments   | \$ _____ | \$ _____                       |
| d. Real Estate (Not Home)                                    | \$ _____ | \$ _____                       |
| Household Income: (Do Not Include Christmas Benevolent Fund) |          |                                |
| a. Gross Earned Income                                       |          | \$ _____                       |
| b. Social Security Income                                    |          | \$ _____                       |
| c. A.R.P. Retirement Plan                                    |          | \$ _____                       |
| d. Other Pension   |          | \$ _____                       |
| e. Supplemental Security Income                              |          | \$ _____                       |
| f. Veteran's Benefit   |          | \$ _____                       |
| g. Widow Benefit Fund  |          | \$ _____                       |
| h. Other Income (Specify)                                    |          | \$ _____                       |
| Total Estimated Income                                       |          | \$ _____                       |

Is either the retiree or spouse in an extended care facility? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, does Medicaid cover the person in an extended care facility? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, how much does family contribute monthly toward the care? \$ \_\_\_\_\_

Do you own home? \_\_\_\_\_ Rent? \_\_\_\_\_ Live with family? \_\_\_\_\_

Do other members of your family live with you? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are those living with you working: \_\_\_\_\_ Yes \_\_\_\_\_ No

Please give the amount contributed by those living in your home to the upkeep of the home or the expenses of the family? \$ \_\_\_\_\_ Per month

Please **attach a copy of your 1040 Income Tax Form** from last year.

I certify that the information submitted above is accurate and represents the available assets for my family:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Do not include me in the Christmas Benevolent Fund distribution this year.

RETURN TO: BOARD OF BENEFITS  
 A.R.P. Center  
 One Cleveland Street, Suite 110  
 Greenville, SC 29601-3696

Note: If you do not have financial need **and** you are willing to receive a gift you need not return this form.