

**NEW JERSEY STATE CHAPTER NJ CARES COMMITTEE  
HOME FUND**

**APPLICATION FOR MAXIMUM OF \$500 RELATED TO RETIREMENT/NURSING HOME  
EXPENSES**

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

Are you a P.E.O. Yes \_\_\_\_\_ No \_\_\_\_\_

List name of retirement establishment or nursing home where you presently reside  
\_\_\_\_\_

How long have you lived at this residence: \_\_\_\_\_

Reasons for current financial need:

\_\_\_\_ Without funds, on Medicaid or other support programs

\_\_\_\_ One time unexpected expense

\_\_\_\_ Other

Amount of aid requested: \_\_\_\_\_ (up to \$500)

On the back of this form or separately supply as much detail as you can regarding your specific financial need related to your living in a retirement establishment or nursing home.

Signed \_\_\_\_\_

(Clearly PRINT name)

Please identify if someone else helped you complete this application. Yes \_\_\_\_\_ No \_\_\_\_\_

