

LIFE PLAN OF KENTUCKY, INC.

Verification of Financial Need

Sources of Income:	No	Yes	\$ Per Month
Wages : Employer Name: Employer Address:			
Social Security Retirement Benefits (SSA)			
Social Security Disability Benefits (on Grant Applicant's work record) (SSDI)			
Social Security Children's Benefits (DAC, DC, or CDB)			
Social Security Spouse's Benefits (RSDI)			
Supplemental Security Income (SSI)			
Temporary Assistance to Needy Families (TANF)			
Veterans Administration Benefits			
Veterans Aid and Attendance Benefits			
Railroad Retirement Benefits			
Black Lung Benefits			
KY Retirement Benefits (KRS, KTRS or CERS)			
Court Ordered Child Support			
Subsidized Housing (list amount of subsidy)			
SNAP benefits (Food Stamps)			
Other:			

Available Resources:	No	Yes	Value
Checking account			
Savings account			
Certificate(s) of Deposit			
Annuity			
Retirement Accounts (IRA, 401(k), 403(b), etc.			
Educational Savings Plan (529 plan)			
ABLE account			
Cash value of life insurance, if any			
Other (be specific):			

Medical Coverage	No	Yes
Medicaid Spend Down amount, if applicable \$ _____		
Medicaid Waiver Which one, if yes? _____		
Medicare		
Medicare Supplement		
Other health insurance		

I certify that all information provided on this form is accurate and complete. I further certify that, without a grant from Life Plan of Kentucky, Inc., the Grant Applicant would not be able to purchase the item or service for which funding is requested.

Signature

Date

Printed Name