SURVIVOR INFORMATION **SPOUSE INFORMATION**

Last Name: _____ First Name_____ Spouse_____

Address: _____Apt. _____City_____ST._____Zip_____Phone: _____

Social Security Number: _____ Spouse: _____

Date of Birth: _____ Spouse: _____

Place of Birth: (City, Country): _____ Spouse: _____

Single □ Married □ Widowed □ (Date of death of spouse:_____) Divorce Date _____ Separated Date _____

Number of other dependents living with you: _____

Financial Aid Request _____

Money Your Household Receives (include all living with you)

Monthly Income Survivor Spouse

Salary/Welfare **$**_____ **$**_____

SSA/SSI/SSD **$**_____ **$**_____

Nazi Restitution/ Claims Conference? **$**_____**$**_____

Pension from other countries $_____ **$**_____

Other Pensions/IRA **$**_____ **$** _____

Funds from your Agency, Family Support: **$**_____ **$**_____

Food Stamps **$**_____ **$**_____

Section 8 or SCRIE (rent subsidy) **$**_____

Medicare/Part D/Medicaid/Epic (circle)

Total of all bank accts, investments, and assets **$**_____

Did you file income taxes in 2025? Yes: ____ No: ____

Expenses (For Household)

Monthly Recurring Expenses

Health Ins/Life (circle) **$**_____

Home Ins. **$**_____

Auto Ins.$_____

Gas/Elec./Phone/Cable **$**_____

Medical/Rx **$**_____

Food **$**_____

Monthly Loan Payments (Explain) **$**_____

Rent/Mortgage (you pay after Sect 8/SCRIE) **$**_____

Other (please explain) **$**_____

Credit card(s) $_____

For Office Use Only:

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☐ **Check this box if you would like to receive phone calls from volunteers**.

Please list names, addresses & phone numbers of all your children (Use back of this form if needed):

_____

_____

_____

Name of case worker completing application: _____ **Signature:** _____

Name of agency: _____ **Phone Number:** _____

Case Worker's Email Address: _____

Applicant Signature:_____**Spouse:**_____**Date:** _____