

***The General and Mrs. Curtis E. LeMay
Foundation***

**APPLICATION
CHECKLIST**

Please use this checklist to make sure that all items are included before mailing your application. The checkmark column on the left is provided for your convenience, while the column on the right is for our use. Please return this page with the information you are sending to us.

- | | | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | A brief written summation of why you need assistance
<u>(PLEASE PRINT CLEARLY)</u> | <input type="checkbox"/> |
| <input type="checkbox"/> | Completed Application
<u>(PLEASE PRINT CLEARLY)</u> | <input type="checkbox"/> |
| <input type="checkbox"/> | Photocopy of both sides of your military identification card, if expired submit on renewal | <input type="checkbox"/> |
| <input type="checkbox"/> | Copies of Federal Income Tax Returns of last 3 years, or a <u>NOTARIZED</u> statement that you do not file taxes | <input type="checkbox"/> |
| <input type="checkbox"/> | Current bank statements from all sources will be required, please include copies of the <u>LAST THREE</u> statement(s) | <input type="checkbox"/> |
| <input type="checkbox"/> | If you have credit cards please include copies of the <u>LAST THREE</u> statement(s) from each card | <input type="checkbox"/> |
| <input type="checkbox"/> | Completed Monthly Expense Form
<u>(PLEASE PRINT CLEARLY)</u> | <input type="checkbox"/> |
| <input type="checkbox"/> | Copy of Discharge Certificate, Military Form DD214 or comparable document | <input type="checkbox"/> |
| <input type="checkbox"/> | Copy of Marriage Certificate/License | <input type="checkbox"/> |
| <input type="checkbox"/> | Copy of Spouses Death Certificate | <input type="checkbox"/> |
| <input type="checkbox"/> | Copy of Other Assistance Approval/Denial | <input type="checkbox"/> |

Thank You,

Jane LeMay Lodge
Chairman, Widow Service Committee

**The General and Mrs. Curtis E. LeMay
Foundation**
17050 Arnold Drive Riverside California 92518

Application for Assistance

A. Personal Information

Name: _____
Last, First Middle Initial

Address: _____
Number Street Apartment #

City: _____ State: _____ Zip: _____

Phone Number: ____ (____) _____

Date of Birth: _____

B. Family Information

Name of Deceased Spouse: _____
Last, First Middle Initial

Spouse's Military Rank: _____

Date Spouse entered Military: _____ Date of Retirement: _____

Date of Spouse's Death: _____

Date of Marriage: _____
Month/Year To Month/Year

How many living children do you have? _____

What are their ages? _____

Where do they live? _____

C. Employment History

Are you currently employed? _____ If yes, please explain: _____

Have you worked within the last 5 years? _____

If yes, please list your job(s) and how much you earned: _____

If your spouse retired from the military, did he/she work after retirement? _____

If yes, please explain: _____

D. REAL ESTATE

Property Description	Ownership Sole/Joint	Your Share	Appx. Value	Balance Remaining
<hr/>				
<hr/>				
<hr/>				
Rental Property				
<hr/>				
<hr/>				

E. CHECKING ACCOUNTS

Name Of Bank	Account Number	City	State	Approximate Balance
<hr/>				
<hr/>				
<hr/>				
<hr/>				

F. SAVINGS ACCOUNTS

Name Of Bank	Account Number	City	State	Approximate Balance
<hr/>				
<hr/>				
<hr/>				
<hr/>				

G. MISCELLANEOUS ASSETS

(CASH, CERTIFICATES OF DEPOSIT, STOCKS, BONDS, NOTES, TRUST FUNDS, SECURITIES, BUSINESSES, PARTNERSHIPS, LIFE INSURANCE POLICIES, NURSING HOME POLICIES, ETC.)

TYPE OF ASSET	APPROXIMATE VALUE	AVERAGE YEARLY INCOME
<hr/>		
<hr/>		
<hr/>		
<hr/>		

H. TOTAL AVERAGE YEARLY INCOME
(FROM ASSETS D, E, F, & G)

\$ _____

I. PERSONAL INCOME

RETIREMENT PAY, PENSIONS, COMPENSATION, OLD AGE ASSISTANCE, SOCIAL SECURITY,
LEMAY FOUNDATION, AND OTHER PHILANTHROPIC AND CHARITABLE ORGANIZATIONS.

NAME	ADDRESS	AVERAGE YEARLY INCOME
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL OF #1 \$ _____

J. PRIVATE ASSISTANCE
(ASSISTANCE FROM INDIVIDUALS)

NAME	ADDRESS	RELATIONSHIP	AVERAGE YEARLY ASSISTANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

K. HAVE YOU TRANSFERRED ANY ASSETS (e.g., disability, legal, medical or insurance settlements) TO ANY FAMILY MEMBER, INDIVIDUAL, TRUST, CHARITY, ETC. WITHIN THE PAST FIVE YEARS.

YES ----- NO -----

IF "YES", PLEASE PROVIDE DETAILS ON AN ADDITIONAL SHEET OF PAPER.

L. TO HELP US IN DETERMINING THE AMOUNT OF YOUR ASSISTANCE WHAT IN YOUR OPINION WOULD YOU REQUIRE ON A MONTHLY OR ONE TIME BASIS.

DATED: _____

APPLICANT

DATED: _____

SPONSOR, IF APPLICABLE

M. RESIDENCY

_____ I wish to remain in my current residence, however, in order to do so I am in need of financial assistance.

N. OTHER ASSISTANCE

Have you applied for any assistance from any other Charitable Organization or from the AFAS.

_____ Yes _____ No

If so, please provide copy of response.

I understand that concealment of any facts or fraudulent statements made herein may result in forfeiture of my consideration for financial aid from the LeMay Foundation. I authorize any person, organization, or agency having knowledge of any of my financial assets or affairs to disclose any and all applicable information to the LeMay Foundation, its officers or representatives. I also understand that the information presented in this application and any obtained will be held in confidence by the LeMay Foundation.

Signature

Date

MONTHLY EXPENSE SHEET

NAME: _____ **Date:** _____

Please list **ALL** of your monthly expenses on the appropriate line. Be as Accurate as possible. If you pay a bill, such as Car or Medical Insurance on a Quarterly, Semi-Annual, or Yearly basis, show the **AVERAGE** you would pay per month. (Example: If your car insurance is \$1200.00 per year, your monthly average is \$100.00.)

<u>Item</u>	<u>Monthly Payment</u>
1. Mortgage Payment/Rent	_____
2. Utilities (Electric, Water, Gas)	_____
3. Groceries	_____
4. Telephone / Cellular	_____
5. Credit Cards (Total payment on all cards)	_____
6. Insurance:	
Life	_____
Medical/Dental	_____
7. Automobile:	
Insurance	_____
Maintenance	_____
8. Prescriptions/Medicine	_____
9. Doctor or Dental Bills	_____
10. Clothing	_____
11. Entertainment	_____
12. Donations (Church, Schools, etc.)	_____
13. Other	_____

TOTAL MONTHLY PAYMENT: _____

(Use Reverse if additional information is necessary)

**The General and Mrs. Curtis E. LeMay
Foundation**

Notary Public Form

STATE OF _____)

)SS.

COUNTY OF _____)

On this _____ day of _____, in the year 20____,
before me, the undersigned, a Notary Public in and for said State, personally appeared
_____ who proved to me on the basis of
satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their
authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the
instrument.

WITNESS my hand and official seal.

Notary Public

