

WIDOWS' APPLICATION

Must be in ink. A full and complete answer to each question required

Date _____ Telephone () _____

Name _____
First Middle Last

Date of Birth _____
Month Day Year

Present Address _____
No. Street Town Zip Code

How long at this address _____

List Name and Telephone number of someone to contact, in case you cannot be reached.

_____ Telephone No. () _____

Date of Husband's death _____ Cause of Death _____

Do you own your home yes / no Value _____ Mortgage Amount _____

Holder of Mortgage _____ Payoff Date _____

Any unpaid taxes _____ Years _____ Total _____

Do you own any other property, yes / no if yes describe and value _____

Did your husband leave any Insurance yes / no If yes what amount _____

Do you work full or part time yes/no If yes monthly amount you clear _____

Employer _____

Do you receive a pension yes / no If yes from whom and amount _____

Do you receive Social Security _____ Monthly amount _____

Are you now receiving state aid or food stamps _____ if yes monthly amount _____

Are you in good health _____ If not, give details _____

List living children. Give full information.

Name _____ Address _____

Occupation _____ Age _____

Name _____ Address _____

Occupation _____ Age _____

If additional space is needed use back of page.

Are your children able or giving you assistance _____ If yes how much _____

if no give reason. _____

Are your Parents or in-laws living _____ If yes are they able to assist you.

Any additional information _____
