## WIDOWS' APPLICATION

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

Date				
Name				
	First		Middle	Last
Date of Birth				
	Month	Day Year		
Present Address				
	No.	Street	Town	Zip Code
How long at this ad				
List Name and Tele	phone numbe	r of someone to	contact, in case you cannot be Telephone No. ( )	reached.
Date of Husband's	death	Cau	se of Death	
Do you own your h	ome yes / no	Value	Mortgage Amount	
			Payoff Date	
Any unpaid taxes		Years	Total	
			escribe and value	
D'1 1 1 1 1		, *	<b>1</b>	
Did your husband l	eave any Insui	rance yes / no  If	yes what amount	
Do you work full o	r part time yes	s/no If yes mor	nthly amount you clear	
Do you work full on Employer	r part time yes	s/no If yes mor	thly amount you clear	
Do you work full of Employer	r part time yes ension yes / no	o If yes from wi	hom and amount	
Do you work full of Employer Do you receive a per Do you receive Soc	r part time yes ension yes / no tial Security	o If yes from windows.  Monthly	hom and amounty amount	
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