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Residence Director

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Dear Applicant for Financial Assistance:

Thank you for your interest in making The Massry Residence your new home. It is our understanding that you would like to apply for financial assistance.

Attached is an application, which must be completed in its entirety and returned to us with copies of your last five (5) years of individual or joint federal tax returns. The application form is designed to comply with the intent of granting support to individuals who are truly in financial need. Financial assistance eligibility is based upon a review of your circumstances against pre-established criteria relating to your financial circumstances, you or your immediate family's location of residence and your current or past affiliation with the Daughters of Sarah Senior Community.

Once your completed application is received it will be forwarded to our Financial Assistance Committee for their review and decision. Due to limited resources available for financial assistance each year, the maximum award that can be granted is \$1200 per month. Please be assured that the information in your application will be kept confidential and will only be used by the Committee for the sole purpose of determining eligibility for financial assistance.

Once the Committee has completed its review, we will contact you to review the Committee's decision. In order that the Committee can begin to assess your eligibility, it is imperative that you return the application and related documentation as soon as possible. You can expect the review of your application and a response within eight weeks, which may consist of a request for additional information, an indication of your eligibility and the amount of monthly stipend awarded, or an explanation as to why you are not eligible for financial assistance at this time.

Thank you again for your interest in joining The Massry Residence. If you have any questions about the information contained herein, the application itself or at any point in the process, please do not hesitate to contact Stuart Gorenstein, Residence Director, at (518) 724-3404.

Sincerely,

Mark L. Koblenz
Chief Executive Officer



From generation to generation a community of elder care embodying Jewish values and traditions

The Massry Residence 182 Washington Avenue Extension Albany, NY 12203

Phone (518) 689-0453 Fax (518) 689-0454 www.massryresidence.org

Daughters of Sarah Senior Community is a beneficiary agency of the United Jewish Federation of Northeastern NY

The Massry Residence



Harry And Jeanette Weinberg Foundation
 Of Baltimore, Maryland Endowment Fund
 Application For Financial Assistance

1. APPLICANT INFORMATION

Date: _____

| | | | | |
|--|------------|----------------|--------------------|--|
| Last Name | First Name | Middle Initial | Telephone # () | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced |
| Home Address of Applicant | | | City | State/Zip |
| Mailing Address (If different than home address) | | | City | State/Zip |

| | | | | |
|-------------------|---------------|-----|----------|------------------|
| Social Security # | Date of Birth | Sex | Religion | Primary Language |
| | | | | |

Holocaust survivor? ____ Yes ____ No

II. RESIDENCE

Complete the following information for all your residences for the five years prior to this application and check whether rented or owned.

| Address | City/State | Rent | Own | Dates of Occupancy |
|---------|------------|------|-----|--------------------|
| | | | | |
| | | | | |
| | | | | |

How much do you currently pay monthly for your mortgage or rent? \$ _____

How much on average do you pay monthly for utilities \$ _____, property taxes \$ _____ and insurance \$ _____?

If you do not currently live in the Capital Region, did you previously? ____ Yes ____ No. If Yes, for how long? ____ Dates: _____

Do you currently have immediate family living locally? ____ Yes ____ No. If Yes, relationship _____ Dates immediate family have lived in the Capital Region: _____

III. TAX RETURNS

Did you or your spouse file U.S. income tax returns in the past five years? ____ Yes ____ No
 If yes, please submit copies of these returns. Also, you must provide one completed and signed IRS Form 4506 for the past four years tax returns. Please sign but do not date the form.

IV. INCOME

Did you or your spouse have any income including tax exempt income from any source in the past year?
 _____ Yes _____ No

If yes, you must complete the following. If no, write "none" or "N/A" in the amount column for each item below.

| | YOURS | SPOUSE'S |
|---|---------------|---------------|
| | Annual Amount | Annual Amount |
| Social Security/Railroad Retirement | \$ | \$ |
| Veteran's Benefits (state or federal) | \$ | \$ |
| Income: Wages, Salaries, Consulting Fees, Other Compensation | \$ | \$ |
| Retirement Sources – Pensions, IRAs, Annuities | \$ | \$ |
| Periodic payments from Sale of Business or Other Property | \$ | \$ |
| Disability Payments | \$ | \$ |
| Interest, dividends, Capital Gain Distribution | \$ | \$ |
| Long Term Care Insurance Payments | \$ | \$ |
| Rental Income (net of reasonable expenses) from Real or Personal Property | \$ | \$ |
| Income or Principal Distributions from an Irrevocable Trust established utilizing funds of a 3 rd party, testamentary trust, or an irrevocable trust established utilizing funds of the applicant or applicant's spouse created more than 60 months from the date of scholarship application | \$ | \$ |
| TOTAL: | \$ | \$ |

V. ASSETS

A. Bank Accounts:

Do you or your spouse have any bank accounts, including checking, savings, personal needs (PNA), credit union, NOW and money market accounts, as well as certificates of deposit? _____ Yes _____ No

Do you have existing balances on retirement accounts, such as individual retirement accounts, annuities, Keogh accounts, or pension funds? _____ Yes _____ No

Have you or your spouse or another joint owner closed any accounts in the past 60 months? _____ Yes _____ No

If you answered yes to any questions in Item A above, you must complete the following.

| Name(s) on Account/Fund | Name of Bank, Credit Union or Financial Institution | Account or Fund Number | Current Balance | Date Closed if Applicable |
|-------------------------|---|------------------------|-----------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

B. Life Insurance (Please attach cash value statement from your insurance carrier)
 Do you or your spouse have any life insurance? _____ Yes _____ No

If yes, you must complete the following.

| Name of Insured | Insurance Company | Cash Value | Face Value |
|-----------------|-------------------|------------|------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

C. Trusts

| | Yes | No |
|--|-----|----|
| Are you or your spouse the donor, grantor, trustee or beneficiary from any trust(s)? | | |
| If you or your spouse are the donor of a trust, was the trust created with the assets of you or your spouse? | | |
| Are you or your spouse a beneficiary of a trust established by someone else, including a court, administrative body, or any other person? | | |
| Have you or your spouse transferred any properties, including your home, into a trust within the past 60-months? | | |
| Have you or your spouse transferred assets to a trust established for your child or for any other individual within the past 60-months? | | |
| Have any assets from a trust established in any of the above categories been transferred by you or the trustee for the benefit of someone other than any of the above? | | |

If you answered yes to any question in Item C above, you must complete the following:

When was the trust(s) established? _____/_____/_____
 Month Day Year

| Name of Trust | Type * | Grantor(s)/Donor(s) | Trustee(s) | Beneficiaries | Trust Principal |
|---------------|--------|---------------------|------------|---------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

* I = Irrevocable; R = Revocable

How much income do you and/or your spouse receive from trust(s)? \$_____ How often? _____

D. Real Estate

Do you and/or your spouse own _____ or rent _____?

If own, type of ownership: Individual _____, Joint _____, Partial Ownership _____ and Percentage _____, Trust _____, Life Estate _____, Other _____.

If yes, complete the following information and answer Question 2 thoroughly.

| Name of Person(s) on Ownership Papers | Property Address | Estimated Fair-Market Value | Estimated Equity |
|---------------------------------------|------------------|-----------------------------|------------------|
| | | | |
| | | | |

2. Are any of the following persons living in your home? Please check the appropriate line and complete the information, if necessary.

_____ Name of spouse: _____

_____ Brother, sister or another relative with an equity interest in the home and who is residing in the home for a period of at least one year prior to this application.

_____ Son or daughter who has resided in the home for at least the past two years and provided care to the applicant that permitted the applicant to reside at home for the two years prior to this application.

_____ Dependent relative or other – describe the relationship:

3. If your spouse is not living in your home, please complete the information:

Name of Spouse _____ Residing Where? _____

4. Do you and/or your spouse own or have ownership interest in other real estate that is not your home? _____ Yes _____ No

(Ownership interest includes joint ownership, tenancy by the entirety, tenants in common and a life estate. Real estate other than your home includes vacation property, rental property, time-sharing property, vacant lots, and business property, whether in New York or out of state).

If yes, you must complete the following:

| Name on Ownership Papers | Description and Location | Estimated Fair-Market Value | Estimated Equity |
|--------------------------|--------------------------|-----------------------------|------------------|
| | | | |
| | | | |

5. Do you receive any rental income from any of your properties? _____ Yes _____ No

a. What type of rental property do you own?

_____ 1 Family _____ 2 Family _____ 3 Family _____ Other i.e., Buildings, Land, etc.

b. How much rental income per month do you receive? _____

E. Motor Vehicles

Do you or your spouse own any motor vehicles, including cars, vans, trucks, mobile homes and boats?
_____ Yes _____ No

If yes, you must complete the following: * Fair-Market Value

| Name of Owner | Year/Maker/Model | FMV* | Amount Owed |
|---------------|------------------|------|-------------|
| | | \$ | \$ |
| | | | |

F. Stocks/Bonds/Other

Do you or your spouse own any stocks, bonds, savings bonds, mutual funds, securities, money market funds, or cash not in the bank? _____ Yes _____ No

(Use additional sheets if necessary)

| Name of Owner | Description | Estimated Total Value |
|---------------|-------------|-----------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

G. Annuities

Do you or your spouse own annuities? _____ Yes _____ No

What were the purchase price amounts? \$ _____ \$ _____

Current Balances? \$ _____ \$ _____

| Name of Owner | Name of Annuitant | Beneficiary | Income |
|---------------|-------------------|-------------|--------|
| | | | |
| | | | |

H. Transfers

In the past 60 months:

a. Have you or your spouse transferred income or the right to income to someone other than you or your spouse? _____ Yes _____ No

b. Have you or your spouse transferred, changed ownership in, or given away any assets including your home or other real estate? _____ Yes _____ No

c. Did you or your spouse change the deed or the ownership of any real estate, including creating a life estate? _____ Yes _____ No

d. Did you or your spouse add another name to the deed of any property you own? _____ Yes _____ No

- e. Did you or your spouse give anyone a mortgage on any property you own? _____ Yes _____ No
- f. Have you or your spouse transferred, changed ownership or gifted any stocks, bonds, mutual funds, bank-accounts, CDs or cash? _____ Yes _____ No

If you answered yes to any of the questions above, you must complete the following:

| Description of Income or Asset | Date Gifted, Transferred or Sold | Mortgaged, Gifted, Transferred or Sold to Whom | Relationship to You | Amount or Fair Market Value of Transfer |
|--------------------------------|----------------------------------|--|---------------------|---|
| | | | | |
| | | | | |
| | | | | |

I. Valuable Collectibles

Do you or your spouse have any valuable collectibles, i.e., art, jewelry, coins, stamps, etc. with a combined value of \$50,000 or greater? _____ Yes _____ No

If you answered yes to the above, please complete the following:

| Name of Owner | Description of Collectible | Estimated Value |
|---------------|----------------------------|-----------------|
| | | |
| | | |
| | | |

VI. SPOUSE ASSESSMENT AND OTHER FAMILY OBLIGATIONS

A. Complete the following information about your spouse's expense if your spouse is living in a nursing home or institutional residence.

Name and Address: _____

Date of Admission: _____

Daily or Monthly Rate of Residence: \$_____

Ancillary Medical Expenses: _____

B. Have you or your spouse ever been a resident of Daughters of Sarah Nursing Center or a participant in our Greatdays Medical Daycare Program?

Please explain and provide dates: _____

C. Living Expenses of Spouse if Not Moving into The Massry Residence:

Complete the following information about your spouse's current living expenses. How much does your spouse pay each month for:

Rent: \$ _____ Mortgage (principal & Interest) \$ _____

Taxes: \$ _____ Homeowner's/Tenant's Insurance \$ _____

Required Maintenance Charge for a Condo or Co-Op: \$ _____

Does your spouse pay for heat? _____ Yes ___ No

Does your spouse pay for utilities? _____ Yes ___ No

D. If you are routinely financially supporting someone other than your spouse, please provide the following information:

Individual's relationship to applicant: _____

Reason Support Provided _____

Monthly amount of financial support provided: \$ _____

VII. Is there any other information you would like us to know about your needs or circumstances, such as any ongoing extraordinary expenses? _____ Yes _____ No

Explanation: _____

VIII. Are there any other sources of income available to support your monthly fees at The Massry

Residence: i.e., family? _____ Yes _____ No

If yes please list sources: _____

I certify that all information given in this application is true, accurate and complete. In the event that any information is omitted or incorrect, I understand any subsidies or assistance may be immediately withdrawn with no recourse on the part of the applicant.

Signature of Applicant or Signature of Authorized Representative

Date

Signature of Applicant's Spouse

Date

Name of Authorized Representative

Telephone Number

Address of Authorized Representative

Fax Number

Relationship of Authorized Representative to Applicant

Please return to the Residence Director, The Massry Residence, 182 Washington Avenue Extension, Albany, New York 12203.