

# Virginia Seatena Memorial Fund Application

Applications Due by 5:00 p.m. on Friday, November 26, 2021



Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ SS#: \_\_\_\_\_

Years in San Francisco School District: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Position held: \_\_\_\_\_

School of current or last assignment: \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ SFUSD ID# \_\_\_\_\_

## Financial Status / Assets: (Please state amounts)

Savings: \_\_\_\_\_ Bonds: \_\_\_\_\_

Real Estate: \_\_\_\_\_ Stocks: \_\_\_\_\_

Checking: \_\_\_\_\_ Miscellaneous: \_\_\_\_\_

## Liabilities: (Please state amounts)

Notes: \_\_\_\_\_ Charge Accounts: \_\_\_\_\_

Mortgages: \_\_\_\_\_

Other: \_\_\_\_\_

## PLEASE COMPLETE THE REVERSE OF THIS FORM

(Include copies of pages 1 - 2 of your most current IRS 1040 tax form for verification)

Total Monthly Income (from reverse) \$ \_\_\_\_\_

Total Monthly Expense (from reverse) \$ \_\_\_\_\_

I certify that the above statement is true and complete to the best of my ability and I have not omitted any assets, nor have I excluded any sources of income from this statement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

*The Committee will keep all information on the application strictly confidential.*

I. MONTHLY INCOME:

- 1. Monthly Wage \$ \_\_\_\_\_
- 2. STRS/City Pension \$ \_\_\_\_\_
- 3. Other Pension \$ \_\_\_\_\_
- 4. STRS Supplemental \$ \_\_\_\_\_
- 5. Social Security \$ \_\_\_\_\_
- 6. Disability Income \$ \_\_\_\_\_
- 7. Investments \$ \_\_\_\_\_
- 8. Spouse/partner household income \$ \_\_\_\_\_
- 9. Other (please specify) \$ \_\_\_\_\_

Monthly Total = \$ \_\_\_\_\_

II. MONTHLY EXPENSES:

- 1. Rent / Mortgage \$ \_\_\_\_\_
- 2. Property Taxes \$ \_\_\_\_\_
- 3. Utilities \$ \_\_\_\_\_
- 4. Telephone/cell/internet/cable \$ \_\_\_\_\_
- 5. Medical } Out of pocket \$ \_\_\_\_\_
- 6. Dental } \$ \_\_\_\_\_
- 7. All insurance (including medical & dental) \$ \_\_\_\_\_
- 8. Food \$ \_\_\_\_\_
- 9. Transportation \$ \_\_\_\_\_
- 10. Other (please specify) \$ \_\_\_\_\_

Monthly Total = \$ \_\_\_\_\_

III. BRIEF STATEMENT OF NEED:

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<b>Email completed application to:</b>	
<b>Bracha Israel Administrative Assistant</b>	<b><a href="mailto:bisrael@uesf.org">bisrael@uesf.org</a></b>