



Senior Program Financial Assistance Request Form

All information provided on this Request Form is confidential.

Applicant's Name: _____

Address: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Date of Birth: _____

Do you participate in: Senior Nutrition Program Older Adult Nutrition Foodbank Program

In the section below, please provide a brief description for your need of financial assistance.

Please submit this form with a completed Senior Program Membership Application to the Goleta Community Center:

Mail or In-Person: Goleta Community Center
 Attn: Senior Program
 5679 Hollister Ave, Goleta, CA 93117

Or by Email: dcrolius@cityofgoleta.org

For more information or assistance, please call the Senior Program Coordinator at 805-690-5106

I certify that all statements on this application are true and correct to the best of my knowledge. I understand that false or incorrect statements shall be sufficient cause for denial of financial assistance.

Applicant's Signature: _____ Date: _____

Staff Use Only	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Not Approved	_____
_____	_____
Staff Signature	Date

