

Elder Love Grant Application

Please fill out the application below to be considered for a reduction in your hourly rate from Elder Love USA. Please email to info@elderloveusa.org. Grants applications are reviewed weekly. You will be notified via phone and email of your grant application decision.

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Do you have a rent or mortgage payment? Circle: Yes or No

Do you live alone? Circle: Yes or No

Do you have family living within 1 hour of you? Circle: Yes or No

Are you still driving? Circle: Yes or No

Do you use mobility equipment such as a cane or walker? Circle: Yes or No

What type of assistance do you need?

Any additional information you feel we need to make a decision: