

***The General and Mrs. Curtis E. LeMay  
Foundation***

**APPLICATION  
CHECKLIST**

**Please use this checklist to make sure that all items are included before mailing your application. The checkmark column on the left is provided for your convenience, while the column on the right is for our use. Please return this page with the information you are sending to us.**

- \_\_\_\_\_ A brief written summation of why you need assistance  
**(PLEASE PRINT CLEARLY)** \_\_\_\_\_
- \_\_\_\_\_ Completed Application  
**(PLEASE PRINT CLEARLY)** \_\_\_\_\_
- \_\_\_\_\_ Photocopy of both sides of your military identification card, if expired  
submit on renewal \_\_\_\_\_
- \_\_\_\_\_ Copies of Federal Income Tax Returns of last 3 years, or a **NOTARIZED**  
statement that you do not file taxes \_\_\_\_\_
- \_\_\_\_\_ Current bank statements from all sources will be required, please  
include copies of the **LAST THREE** statement(s) \_\_\_\_\_
- \_\_\_\_\_ If you have credit cards please include copies of the **LAST THREE**  
statement(s) from each card \_\_\_\_\_
- \_\_\_\_\_ Completed Monthly Expense Form  
**(PLEASE PRINT CLEARLY)** \_\_\_\_\_
- \_\_\_\_\_ Copy of Discharge Certificate, Military Form DD214 or comparable  
document \_\_\_\_\_
- \_\_\_\_\_ Copy of Marriage Certificate/License \_\_\_\_\_
- \_\_\_\_\_ Copy of Spouses Death Certificate \_\_\_\_\_
- \_\_\_\_\_ Copy of Other Assistance Approval/Denial \_\_\_\_\_

Thank You,

Charles L. Lodge  
Chairman, Widow Service Committee

**The General and Mrs. Curtis E. LeMay  
Foundation**  
21824 Cactus Unit 4-2, Riverside, California 92508

**Application for Assistance**

**A. Personal Information**

Name: \_\_\_\_\_  
Last, First Middle Initial

Address: \_\_\_\_\_  
Number Street Apartment #

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

Phone Number: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**B. Family Information**

Name of Deceased Spouse: \_\_\_\_\_  
Last, First Middle Initial

Spouse's Military Rank: \_\_\_\_\_

Date Spouse entered Military: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

Date of Spouse's Death: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_  
Month/Year To Month/Year

How many living children do you have? \_\_\_\_\_

What are their ages? \_\_\_\_\_

Where do they live? \_\_\_\_\_

**C. Employment History**

Are you currently employed? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you worked within the last 5 years? \_\_\_\_\_

If yes, please list your job(s) and how much you earned: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your spouse retired from the military, did he/she work after retirement? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**D. REAL ESTATE**

Property Description	Ownership Sole/Joint	Your Share	Appx. Value	Balance Remaining
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Rental Property

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**E. CHECKING ACCOUNTS**

Name of Bank	Account Number	City	State	Approximate Balance
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**F. SAVINGS ACCOUNTS**

Name of Bank	Account Number	City	State	Approximate Balance
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**G. MISCELLANEOUS ASSETS**

(CASH, CERTIFICATES OF DEPOSIT, STOCKS, BONDS, NOTES, TRUST FUNDS, SECURITIES, BUSINESSES, PARTNERSHIPS, LIFE INSURANCE POLICIES, NURSING HOME POLICIES, ETC.)

TYPE OF ASSET	APPROXIMATE VALUE	AVERAGE YEARLY INCOME
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**H. TOTAL AVERAGE YEARLY INCOME**  
(FROM ASSETS D, E, F, & G)

\$ \_\_\_\_\_

**I. PERSONAL INCOME**

RETIREMENT PAY, PENSIONS, AIR FORCE ANNUITY, COMPENSATION, OLD AGE ASSISTANCE, SOCIAL SECURITY, LEMAY FOUNDATION, AND OTHER PHILANTHROPIC AND CHARITABLE ORGANIZATIONS.

NAME	ADDRESS	AVERAGE YEARLY INCOME
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL OF #1 \$ \_\_\_\_\_

**J. PRIVATE ASSISTANCE**

(ASSISTANCE FROM INDIVIDUALS)

NAME	ADDRESS	RELATIONSHIP	AVERAGE YEARLY ASSISTANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**K.** HAVE YOU TRANSFERRED ANY ASSETS (e.g., disability, legal, medical or insurance settlements) TO ANY FAMILY MEMBER, INDIVIDUAL, TRUST, CHARITY, ETC. WITHIN THE PAST FIVE YEARS.

YES -----

NO -----

IF "YES", PLEASE PROVIDE DETAILS ON AN ADDITIONAL SHEET OF PAPER.

**L.** TO HELP US IN DETERMINING THE AMOUNT OF YOUR ASSISTANCE WHAT IN YOUR OPINION WOULD YOU REQUIRE ON A MONTHLY OR ONE TIME BASIS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATED: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT

DATED: \_\_\_\_\_

\_\_\_\_\_  
SPONSOR, IF APPLICABLE

**M. RESIDENCY**

\_\_\_\_\_ I wish to remain in my current residence, however, in order to do so I am in need of financial assistance.

**N. OTHER ASSISTANCE**

Have you applied for any assistance from any other Charitable Organization or from the AFAS?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please provide copy of response.

*I understand that concealment of any facts or fraudulent statements made herein may result in forfeiture of my consideration for financial aid from the LeMay Foundation. I authorize any person, organization, or agency having knowledge of any of my financial assets or affairs to disclose any and all applicable information to the LeMay Foundation, its officers or representatives. I also understand that the information presented in this application and any obtained will be held in confidence by the LeMay Foundation.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

MONTHLY EXPENSE SHEET

**NAME:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please list **ALL** of your monthly expenses on the appropriate line. Be as Accurate as possible. If you pay a bill, such as Car or Medical Insurance on a Quarterly, Semi-Annual, or Yearly basis, show the **AVERAGE** you would pay per month. (Example: If your car insurance is \$1200.00 per year, your monthly average is \$100.00.)

<b>Item</b>	<b>Monthly Payment</b>
1. Mortgage Payment/Rent	_____
2. Utilities (Electric, Water, Gas)	_____
3. Groceries	_____
4. Telephone / Cellular	_____
5. Credit Cards (Total payment on all cards)	_____
6. Insurance:	
Life	_____
Medical/Dental	_____
7. Automobile:	
Insurance	_____
Maintenance	_____
8. Prescriptions/Medicine	_____
9. Doctor or Dental Bills	_____
10. Clothing	_____
11. Entertainment	_____
12. Donations (Church, Schools, etc.)	_____
13. Other	_____

**TOTAL MONTHLY PAYMENT:** \_\_\_\_\_

(Use Reverse if additional information is necessary)

**The General and Mrs. Curtis E. LeMay  
Foundation**

**Notary Public Form**

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ ) SS.

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_, before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

*WITNESS my hand and official seal.*

\_\_\_\_\_  
*Notary Public*